01/30/2008 19:17

(Rev. 12/2004)

Image# 28930187495

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 2007 3 0 2007 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 0 1 30 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)			Page 2
,		or Type Committee Name nerican Hospital Association PAC		
ı	Repor	t Covering the Period: From:	M M D D Y Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1	To: DD D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 Ž007 Y		1038787.58
	(b)	Cash on Hand at Begining of Reporting Period	1123627.69	
	(c)	Total Receipts (from Line 19)	202792.08	1366939.03
	(d)	Subtotal (add lines 6(b) and		
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1326419.77	2405726.61
7.	Tota	al Disbursements (from Line 31)	70936.42	1150243.26
8.	Rep	sh on Hand at Close of porting Period by Stract Line 7 from Line 6(d))	1255483.35	1255483.35
9.	the	ots and Obligations owed Committee (Itemize all on needule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

10. Debts and Obligations owed BY the committee (Itemize all on

Schedule C and/or Schedule D)

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name American Hospital Association PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) Fi (a) Individuals/Persons Other	rom:	
Than Political Committees (i) Itemized (use Schedule A	96312.03	515282.71
(ii) Unitemized	41050.99	305535.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	137363.02	820817.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Line		6750.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	137363.02	827567.92
Transfers From Affiliated/Other Party Committees	65000.00	530975.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditure		0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	2022.40
to Federal candidates and Other Political Committees	0.00	2500.00
7. Other Federal Receipts (Dividends, Interest, etc.)	429.06	3873.71
8. Transfers from Non-Federal and	Levin Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule F	15)	0.00
(c) Total Transfer (add 18(a) and	18(b)). 0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	202792.08	1366939.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	202792.08	1366939.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 361.42 5035.16 Expenditures..... (c) Total Operating Expenditures 361.42 5035.16 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 70000.00 1143580.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 750.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 750.00 (add Lines 28(a), (b), and (c)) 575.00 878.10 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 70936.42 1150243.26 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 70936.42 1150243.26 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	137363.02	827567.92
34.	Total Contribution Refunds (from Line 28(d))	0.00	750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	137363.02	826817.92
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	361.42	5035.16
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2022.40
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	361.42	3012.76

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any pere	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Steven D Wilkinson		Date of Receipt
	Mailing Address 5721 West 119th Stre	et State Zip Code	1 1
	Overland Park	KS 66209-3722	Transaction ID: 14718371 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Menorah Medical Center	Occupation President and Chief Executive Office	per
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Mr. Bob Garrison		Date of Receipt
	Mailing Address 511 South White Aver	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Transaction ID: 14718411	
	Rangely	CO 81648-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	249.50
	Name of Employer Rangely District Hospital	Occupation Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 249.50	
_	Full Name (Last, First, Middle Initial) Mr. Dennis L George		Date of Receipt
	Mailing Address P O Box 189		11 05 7 2007
	City	State Zip Code	Transaction ID: 14718412
	Burlington	KS 66839-0189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Coffey County Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional) .	I	749.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 130 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. John H Jeter, , M.D. Mailing Address P O Box 8100			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hays FEC ID number of contributing federal political committee.	State KS	Zip Code 67601-8100	Transaction ID: 14718441 Amount of Each Receipt this Period 250.00
Name of Employer Hays Medical Center Receipt For: Primary General Other (specify) ▼		n t and Chief Executive Officer Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky Mailing Address 14607 West 89th S	treet		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lenexa FEC ID number of contributing federal political committee.	State KS	Zip Code 66215-2967	Transaction ID: 14718456 Amount of Each Receipt this Period 134.61
Name of Employer Kansas Hospital Association Receipt For: Primary General Other (specify) ▼	- '	n ice President 9 Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer Mailing Address 325 Maine Street			Date of Receipt
City <u>Lawrence</u> FEC ID number of contributing federal political committee.	State KS	Zip Code 66044-1360	1 1 0 5 2 0 0 7 Transaction ID: 14718468 Amount of Each Receipt this Period 250.00
Name of Employer Lawrence Memorial Hospital Receipt For: Primary General Other (specify) ▼	- ' '	n t and Chief Executive Officer Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	>	634.61

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 130 (check only one) X
or for commercial NAME OF C	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) Hospital Association PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (L Ms. Joyce Po Mailing Addr		State	Zip Code	Date of Receipt M
<u>Lenexa</u> FEC ID num	ber of contributing al committee.	KS	66227-7205	Amount of Each Receipt this Period 250.00
Center Receipt For: Primar	oloyer ssion Medical y General specify) •		erating Officer Year-to-Date 250.00	
Full Name (L Ms. Julie Quir Mailing Addr				Date of Receipt 1 1 0 5 2 0 0 7
City		State	Zip Code	Transaction ID: 14718489
	Park ber of contributing ral committee.	C	66213-1324	Amount of Each Receipt this Period 250.00
Name of Em Saint Luke's al	oloyer South Hospit-	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primar Other (y General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Mrs. Lynnette	ast, First, Middle Initial) A. RauvolaBouta ess 25 Huntington St.			Date of Receipt
City		State	Zip Code	1 1 0 5 2 0 0 7 Transaction ID: 14718491
Eastboroug	gh	KS	67206-2047	Amount of Each Receipt this Period
	ber of contributing al committee.	C		250.00
	oloyer ealth System	-	sident Mission Integration	
Receipt For: Primar Other (y General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional)			750.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	schedule(s) ory of the	FOR LINE NUMBER: PAGE 9 / 130 (check only one) X
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or us name and address of any polition	sed by any person focal committee to so	for the purpose of soliciting contributions
·			
Full Name (Last, First, Middle Initial) Ms. Nancy Formella			Date of Receipt
Mailing Address One Medical Center Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 14718567
Lebanon	NH 03756-1000		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. Gregory J Walker			Date of Receipt
Mailing Address 789 Central Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 14718569
Dover	NH 03820-2526	i	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Wentworth-Douglass Hospit- al	Occupation Chief Executive Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Ed Noseworthy	I		Date of Receipt
Mailing Address 587 Broadoak Loop			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 14720844
Sanford	FL 32773-6604		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Florida Hospital East Orl- ando	Occupation Administrator		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .	1		750.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
/ / intortoan i toophai / toooolation i / to		
Full Name (Last, First, Middle Initial) Mr. James K Elrod Mailing Address 2600 Greenwood Ro City Shreveport FEC ID number of contributing federal political committee.	State Zip Code LA 71130-2600	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Willis-Knighton Health System Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE Mailing Address P O Box 2511		Date of Receipt 1 1 0 7 2 0 0 7
City	State Zip Code	Transaction ID: 14729452
Baton Rouge	LA 70821-2511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baton Rouge General Medic-	Occupation	
al Center Receipt For:	President and Chief Executive Officer Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Delores LeJeune		Date of Receipt
Mailing Address 1125 West Highway	30	1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14729453
Gonzales	LA 70737-5004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Elizabeth Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1500.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions
·		
Full Name (Last, First, Middle Initial) Ms. Phyllis Peoples, , MSN, R.N		Date of Receipt
Mailing Address P O Box 6037		11 DD 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14729454
Houma	LA 70361-6037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Terrebonne General Medical Center	Occupation President and Chief Executive Office	er
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. John J. Finn, Ph.D.	1	Date of Receipt
Mailing Address 417 Magnolia Lane		1 1 0 7 2 0 0 7
City	State Zip Code	Transaction ID: 14729455
<u>Mandeville</u>	LA 70471-1646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Metropolitan Hospital Cou- ncil of New O	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Larry Graham		Date of Receipt
Mailing Address 1701 Oak Park Boule	vard	1 1 0 7 2 0 0 7
City	State Zip Code	Transaction ID: 14729511
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Karen Mixon		Date of Receipt
	Mailing Address 1635 Marvel Street		11
	City	State Zip Code	Transaction ID: 14729512
	Coushatta	LA 71019-9022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer CHRISTUS Coushatta Health Care Center	Occupation Administrator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Mr. John Steckler		Date of Receipt
	Mailing Address 2450 Severn Avenue,	1 1 0 7 2 0 0 7	
	City	State Zip Code	Transaction ID: 14729513
	<u>Metairie</u>	LA 70001-6942	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer ShareCor	Occupation Director of IS	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Mr Warner L Thomas	1	Date of Receipt
	Mailing Address 1514 Jefferson Highw	ay	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 14729514
	New Orleans	LA 70121-2484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Ochsner Medical Center	Occupation President and Chief Operating Office	cer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	UPTOTAL (Descripto This Descriptors)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA		arooo or ary pointed committee to	COLOR CONTRIBUTION CONTRIBUTION
Full Name (Last, First, Middle Initial) Mr. Edward J Bonn			Date of Receipt
Mailing Address 11 Upper Riverdale	e Road SW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Riverdale	State GA	Zip Code 30274-2600	Transaction ID: 14730180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	002712000	250.00
Name of Employer Southern Regional Medical Center Receipt For:		n t and Chief Executive Office Year-to-Date	r
Primary General Other (specify) ▼	7 iggi ogalo	250.00	
Full Name (Last, First, Middle Initial) Ms. Linda A Clark	!		Date of Receipt
Mailing Address 677 Church Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14730186
Marietta FEC ID number of contributing federal political committee.	GA C	30060-1101	Amount of Each Receipt this Period 250.00
Name of Employer WellStar Kennestone Hospi-	Occupation Senior Vi	n ice President and Administra	ato
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Lee Sanders Greer			Date of Receipt
Mailing Address 664 Mooney Hollov	w Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tallahassee	State AL	Zip Code 35010	Transaction ID: 14730317 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00010	525.00
Name of Employer Community Hospital	Occupation CFO	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (option:	al)	_	1025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 130 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Lagrand Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. A. Elizabeth Anderson		Date of Receipt
Mailing Address 6600 Apple Cross Di		M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 1 0 8 2 0 0 7
City	State Zip Code	Transaction ID: 14730318
Mobile	AL 36695-2900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer USA Children's and Women's Hospital	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00]
Full Name (Last, First, Middle Initial) Mr. John Gardner		Date of Receipt
Mailing Address 1000 West 8th Avenue		M M / D D / Y Y Y Y Y Y 1 1 1 1 0 8 2 0 0 7
City	State Zip Code	Transaction ID: 14730648
Yuma	CO 80759-2641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yuma District Hospital	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Steve Wantz	I	Date of Receipt
Mailing Address 7218 Marstella Drive	;	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14730717
Brownsburg	IN 46112-8442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Clarian Health	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
		960.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Paç	e (check only only)
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by ar name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Linda Roberts		Date of Receipt
Mailing Address 1701 North Senate Bou	levard	11 09 2007
City	State Zip Code	Transaction ID: 14730718
<u>Indianapolis</u>	IN 46202-1239	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Clarian Health	Occupation Hospital Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.	00
Full Name (Last, First, Middle Initial) Ms. Allison D. Wharry		Date of Receipt
Mailing Address 4636 St. John Circle		11 09 2007
City	State Zip Code	Transaction ID: 14730735
Zionsville	IN 46077-8140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Indiana Hospital&Health Association	Occupation Director, Health Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.	00
Full Name (Last, First, Middle Initial) Mr. Blake A Dye		Date of Receipt
Mailing Address P O Box 490		11 09 2007
City	State Zip Code	Transaction ID: 14730738
New Castle	IN 47362-0490	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Henry County Hospital	Occupation President and Chief Executive	Officer
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.	00
SUBTOTAL of Receipts This Page (optional)		1000.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal pur	ame and address of any political committee to s	Date of Receipt Date of Receipt		
Mr. Marvin G Pember Mailing Address 1701 North Senate Boul City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Clarian Health Partners Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	State Zip Code IN 46202 C Occupation Hospital EVP and CFO Aggregate Year-to-Date 500.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Indianapolis FEC ID number of contributing federal political committee. Name of Employer Clarian Health Partners Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Hospital EVP and CFO Aggregate Year-to-Date 500.00	Transaction ID: 14730739 Amount of Each Receipt this Period		
federal political committee. Name of Employer Clarian Health Partners Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Hospital EVP and CFO Aggregate Year-to-Date ▼ 500.00	500.00		
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Hospital EVP and CFO Aggregate Year-to-Date ▼ 500.00			
Mailing Address 1701 North Senate Boul	evard	Date of Receipt 1 1 0 9 2 0 0 7		
City	State Zip Code	Transaction ID: 14730740		
Indianapolis	IN 46202-1239	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Methodist Hospital	Occupation President and Chief Executive Officer			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Mr. Norman G Tabler, , Jr.		Date of Receipt		
Mailing Address 1701 North Senate Boul	Mailing Address 1701 North Senate Boulevard			
City Indianapolis	State Zip Code IN 46202-1239	Transaction ID: 14730741		
FEC ID number of contributing federal political committee.	C 40202-1239	Amount of Each Receipt this Period 500.00		
Name of Employer Clarian Health	Occupation Hospital Sr VP & Gen'l Counsel			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)		1500.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr Paul Janssen			Date of Receipt
Mailing Address 601 Hosier Drive			M M / D D / Y Y Y Y Y 1 1 1 0 9 2 0 0 7
City	State	Zip Code	Transaction ID: 14730745
New Castle FEC ID number of contributing federal political committee.	C	47362-0490	Amount of Each Receipt this Period 250.00
Name of Employer Henry County Hospital	Occupation Senior Vi	n ice President and Chief Fina	— no
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.			Date of Receipt
Mailing Address P O Box 1367			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46206-1367	Transaction ID: 14730746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40200 1007	500.00
Name of Employer Clarian Health	Occupation Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Naval Sondhi. MD			Date of Receipt
Mailing Address P O Box 1906			11 09 2007
City	State	Zip Code	Transaction ID: 14730748
Indianapolis FEC ID number of contributing federal political committee.	C	46206-1906	Amount of Each Receipt this Period 500.00
Name of Employer Clarian Health	Occupation	n e Management/Administrato	r
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	1		1250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 130 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jeffrey Linder Mailing Address P.O. Box 1367 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Clarian Health Partners Receipt For: Primary General Other (specify)	State Zip Code IN 46206-1367 C Occupation Hospital VP, Gov't Affairs Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz Mailing Address 900 Potomac Street City Aurora FEC ID number of contributing federal political committee. Name of Employer Spalding Rehabilitation Hospital Receipt For: Primary General Other (specify)	State Zip Code CO 80011-6716 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Janet Stephens Mailing Address 6014 Watson Drive City Fort Collins FEC ID number of contributing federal political committee. Name of Employer Colorado Hospital Association Receipt For: Primary General Other (specify)	State Zip Code CO 80528-8877 C Occupation Vice President of Government Affairs Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	1000.00

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В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 130
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Megan Cundari			Date of Receipt
Mailing Address 325 Seventh Street, N'	W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14733941
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	0		_
Name of Employer American Hospital Associa-	Occupatio	n e Director, Federal Relations	
tion-Washingt	, '		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Mr. James A. Diegel			Date of Receipt
Mailing Address 2524 SW 34 Court			M M / D D / Y Y Y Y
City	State	Zip Code	1 1 0 9 2 0 0 7 Transaction ID: 14733942
Redmond	OR	97756-8280	
	On	97730-0200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Central Oregon District Hospital	Occupatio Executive	ⁿ e Director	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		050.00	1
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) Ms. Andrea Easton			Date of Receipt
Mailing Address 258 Evergreen Road #4			1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14733943
Lake Oswego	OR	97034-3145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			125.00
Name of Employer Oregon Association of Hos-		n of Advocacy	
pitals & Heal Receipt For:		,	_
Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
☐ Other (specify) ▼		0 0 0 0 0 0 0	1
SUBTOTAL of Receipts This Page (optional)			625.00

TOTAL This Period (last page this line number only)

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City State Zip Code Bellevue WA 98007-6493 FEC ID number of contributing rederal political committee. Name of Employer PeaceHealth Peaceight For: Poly Lones Mailing Address 10123 SE Market Street City State Zip Code Portland OR 97216-2532 Amount of Each Receigt this Period Transaction ID: 14733945 Amount of Each Receigt this Period Toucher (specify) ▼ Date of Receipt Date of Receipt Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733945 Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733945 Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733945 Transaction ID: 14733946 Transac	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 14432 SE Eastgate Way, Ste 300 City State Zip Code Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to s	solicit contributions from such committee.
City Bellevue WA 98007-8493 FEC ID number of contributing federal political committee. Name of Employer Personal Address 3370 Lakeview Drive City Primary General Other (specify) ▼ State Aggregate Year-to-Date City President Receipt For: Aggregate Year-to-Date President Aggregate Year-to-Date City State Aggregate Year-to-Date City State Aggregate Year-to-Date Date of Receipt Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733945 Amount of Each Receipt Aggregate Year-to-Date Date of Receipt Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733945 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt this Period Transaction ID: 14733946 Amount of Each Receipt Transaction ID: 14733946 Amount of Each Rece	,		Date of Receipt
City Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Executive Officer Receipt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code OR 97216-2532 FEC ID number of contributing federal political committee. Name of Employer Portland OR 97216-2532 FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code OR 97216-2532 FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Skip Kriz Malling Address 3370 Lakeview Drive City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Chief Financial Officer Chief Financial Officer PeaceHealth Chief Financial Officer PeaceHealth Chief Financial Officer PeaceHealth Chief Financial Officer Perimary General Other (specify) ▼ 14739946 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00	Mailing Address 14432 SE Eastgate	Way, Ste 300	
FEC ID number of contributing federal political committee. Name of Employer Peacet-Realth President and Chief Executive Officer Receipt For: Primary	City	State Zip Code	
Name of Employer President Presiden	Bellevue	WA 98007-6493	Amount of Each Receipt this Period
President and Chief executive Unicer		C	500.00
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Mr. Deryl L Jones Mailing Address 10123 SE Market Street City State Zip Code OR 97216-2532 FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Primary General Other (specify) ▼ 250.00 City State Zip Code OR 97216-2532 Full Name (Last, First, Middle Initial) Mr. Skip Kriz Mailing Address 3370 Lakeview Drive City State Zip Code OR 97408-7207 Fel ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee.	Name of Employer PeaceHealth	·	
Milling Address 10123 SE Market Street City State Zip Code OR 97216-2532 FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Primary General OR 97408-7207 FEC ID number of contributing C C Date of Receipt His Period Coccupation President Receipt For: Primary General OR 97408-7207 FEUIN Name (Last, First, Middle Initial) Mr. Skip Kriz Mailing Address 3370 Lakeview Drive City State Zip Code Transaction ID: 14733946 Amount of Each Receipt Milling Primary OR 97408-7207 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Other (specify) ▼ 250.00	Primary General		
City Portland OR 97216-2532 FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Receipt For: Primary General Other (specify) ▼ City State Zip Code OR 97216-2532 Cocupation President Aggregate Year-to-Date ▼ Eugene OR 97408-7207 FEC ID number of contributing federal political committee. City State Zip Code OR 97408-7207 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Chief Financial Officer Receipt For: Primary General Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 250.00 11 0 9 2 0 0 Transaction ID: 14733945 Amount of Each Receipt this Perior Transaction ID: 14733945 Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			Date of Receipt
Portland OR 97216-2532 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Receipt For: Primary General Other (specify) ▼ Part State Sip Code OR 97408-7207 FEC ID number of contributing federal political committee. Pagregate Year-to-Date ▼ Date of Receipt Transaction ID: 14733946 Amount of Each Receipt this Perior Amount of Each Receipt this Perior Date of Receipt Transaction ID: 14733946 Amount of Each Receipt this Perior Transaction ID: 14733946 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		treet	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Adventist Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Skip Kriz Mailing Address 3370 Lakeview Drive City State Zip Code Eugene OR 97408-7207 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Occupation Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 14733946 Amount of Each Receipt this Perior Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	City	•	Transaction ID: 14733945
Name of Employer Adventist Medical Center	Portland	OR 97216-2532	Amount of Each Receipt this Period
Receipt For: Primary		C	250.00
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Parinary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Parinary General Other (specify) ▼	Name of Employer Adventist Medical Center	·	
Mr. Skip Kriz Mailing Address 3370 Lakeview Drive City State Zip Code Eugene OR 97408-7207 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 14733946 Amount of Each Receipt this Period 250.	Primary General		
City Eugene OR 97408-7207 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Primary Other (specify) ▼ State Zip Code OR 97408-7207 Amount of Each Receipt this Period 250. 1 1 0 9 2 0 0 Transaction ID: 14733946 Amount of Each Receipt this Period 250.	,		Date of Receipt
Eugene OR 97408-7207 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000	Mailing Address 3370 Lakeview Driv	е	
FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Chief Financial Officer Receipt For: Primary General Other (specify) Occupation Chief Financial Officer Aggregate Year-to-Date 250.00		·	
Federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		OR 97408-7207	Amount of Each Receipt this Period
PeaceHealth Chief Financial Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		C	250.00
Primary General 250.00 Other (specify) ▼		'	
SUBTOTAL of Receipts This Page (optional)	Primary General		
	SUBTOTAL of Receipts This Page (optional)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may n name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
۷.	Full Name (Last, First, Middle Initial) Mr. Mel Pyne			Date of Receipt	
	Mailing Address 3015 Summit Sky Blvd		7. O. d.	111 09 2007	
	City Eugene	State OR	Zip Code 97405-6253	Transaction ID: 14733955	
	FEC ID number of contributing federal political committee.	C	97403-0233	Amount of Each Receipt this Period 500.00	
	Name of Employer PeaceHealth	Occupation CEO			
	Receipt For: Primary General Other (specify)		ear-to-Date ▼ 500.00		
- 3.	Full Name (Last, First, Middle Initial) Mr. Terry O Finklein			Date of Receipt	
	Mailing Address 2111 Exchange Street				
	City	•			
	<u>Astoria</u>	OR	97103-3329	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Columbia Memorial Hospital	Occupation Chief Exec	utive Officer		
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 250.00		
- :.	Full Name (Last, First, Middle Initial) Mr. David Holloway, MD.			Date of Receipt	
	Mailing Address 3735 Cherokee Drive S	South		11 09 7 9 2007	
	City	State	Zip Code	Transaction ID: 14733964	
	Salem FEC ID number of contributing	OR	97302-9712	Amount of Each Receipt this Period 250.00	
	federal political committee.				
	Name of Employer Salem Hospital	Occupation Chief Medi	cal Officer		
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼	1	
	Other (specify)		250.00		
	SUBTOTAL of Receipts This Page (optional)			1000.00	
-	SOBTOTAL OF NECERPLS THIS Page (optional)				
	TOTAL This Period (last page this line number of	only))		

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 130 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Ms. Cheryl Nester-Bowers Mailing Address 252 Muirfield Aven	nue SE	Date of Receipt 1 1 0 9 2 0 0 7
City	State Zip Code	Transaction ID: 14733965
<u>Salem</u>	OR 97306-8594	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Salem Hospital	Occupation Sr. VP, Patient Care, Chief Nursing Of	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. William E Winter		Date of Receipt
Mailing Address 342 Fairview Stree	1 1 0 9 2 0 0 7	
City	State Zip Code	Transaction ID: 14733973
Silverton	OR 97381-1917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Silverton Hospital	Occupation Administrative Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard, , FACHE		Date of Receipt
Mailing Address 2650 Siskiyou Blvo	d, Suite 200	1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Me</u> dford	State Zip Code OR 97504-8170	Transaction ID: 14733983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	338.00
Name of Employer Asante Health System	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	ial)	1088.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 130 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr Kent L. Brown		Date of Receipt
Mailing Address 3894 Cherry Lane City	State Zip Code	1 1 0 9 2 0 0 7 Transaction ID: 14733986
Medford	OR 97504-8332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rogue Valley Medical Cent- er	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Wilson, MD		Date of Receipt
Mailing Address 1268 Greenleaf Drive		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14735360
Rochester Hills	MI 48309-1723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Beaumont Hospital - Royal Oak	Occupation Director/Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon	<u> </u>	Date of Receipt
Mailing Address 220 Windy Ridge		11 09 7 2007
City	State Zip Code	Transaction ID: 14735761
Hollister	MO 65672-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	
SUBTOTAL of Receipts This Page (optional)		542.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Wayne Gandee, MD Mailing Address PO Box 13727		Date of Receipt
City	State Zip Code	1 1 1 2 0 0 7 Transaction ID: 14741802
Roanoke	VA 24036-3727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carilion Roanoke Community Hospital Receipt For: Primary General Other (specify) ▼	Occupation Administrator/Chair, Radiology Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Donald E. Lorton Mailing Address 1141 Windy Hill Road		Date of Receipt
		11 14 2007
City	State Zip Code	Transaction ID: 14741803
Goodview	VA 24095-2909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Carilion Health System	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Linda White		Date of Receipt
Mailing Address 644 Johston Road		11 14 2007
City	State Zip Code	Transaction ID: 14741815
<u>Marion</u>	VA 24354-4345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Smyth County Community Ho- spital	Occupation Vice President Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number of	<u> </u>	

A. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Donald L. Harris Malling Address 5976 Burnside Landing Drive City Burke VA 22015-2522 FEC ID number of contributing federal political committee. Pissident Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Primary General Occupation Vice President, Government Relations Receipt For: Primary General Other (specify) ▼ State Zip Code Vice President, Government Relations Receipt For: Primary General Other (specify) ▼ FUIl Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 701 N State of Franklin, Ste 1 City State Zip Code Transaction ID: 14741884 Amount of Each Receipt Mill 1 1 1 2 2 0 0 7 Transaction ID: 14741884 Amount of Each Receipt this Period City State Zip Code Transaction ID: 14741884 Amount of Each Receipt this Period Cocupation President and Chief Executive Officer Receipt For: Primary General Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	itatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 130 (check only one) X
A. Mr. Donald L. Harris Mailing Address 5976 Burnside Landing Drive City State Zip Code VA 22015-2522 FEC ID number of contributing rederal political committee. Name of Employer form where (Last, First, Middle Initial) B. Mr. Donald Very State Zip Code Vice President, Government Relations Receipt For: Primary General Other (specity) ▼ City State Zip Code The State Zip Code The State Vear-to-Date V Date of Receipt this Period Date of Receipt this Period Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period Transaction ID: 14741884 Amount of Each Receipt This Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt This Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt This Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt This Period Date of Receipt Transaction ID: 14741971 Amount of Each Receipt This Period City Transaction ID: 14741971 Amount of Each Receipt This Period Date of Receipt Transaction ID: 14741971 Amount of Each Receipt This Period City Transaction ID: 14741971 Amount of Each Receipt This Period City Transaction ID: 14741971 Amount of Each Receipt This Period City Transaction ID: 14741971 Amount of Each Receipt This Period City Transaction ID: 14741971 Amount of Each Receipt This Period Transaction ID: 14741971 Amount of Each Receipt This Period Transaction ID: 14741971 Amount of Each Receipt This Period Transaction ID: 14741971 Amount of Each Receipt This Period Transaction ID: 14741971 Amount of Each Receipt This Period Transaction ID: 14741971 Amount of Each Rec		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	lress of any political committee to	solicit contributions from such committee.
City Burke VA 22015-2522 FEC ID number of contributing federal political committee. Name of Employer Inova Health System Vice President, Government Relations Receipt For: Primary General Occupation Vice President, Government Relations Aggregate Year-to-Date ▼ 11 14 2007 Transaction ID: 14741871 Amount of Each Receipt this Period 250.00 Date of Receipt Milling Address 701 N State of Franklin, Ste 1 City Johnson City FEC ID number of contributing federal political committee. Name of Employer Mountain States Health Aliliance Receipt For: Primary General Other (spocify) ▼ Full Name (Last, First, Middle Initial) President and Chief Executive Officer Receipt For: Primary General Other (spocify) ▼ State Zip Code President and Chief Executive Officer Receipt For: Primary General Other (spocify) ▼ State Zip Code DC 20007-3326 FUll Name (Last, First, Middle Initial) Dr. Janis M Orliowski, M.D. Malling Address 2705 Olive St. NW City Washington FEC ID number of contributing federal political committee. C. Primary General Occupation President Medical Affairs Receipt For: Primary General Occupation Senior Vice President Medical Affairs Receipt For: Primary General Other (specify) ▼ 1000.00	∠ A .	Mr. Donald L. Harris	-		
Burke VA 22015-2522 FEC ID number of contributing tederal political committee. Name of Employer Inova Health System Receipt For: Primary General Other (specify) ▼			g Drive		
Receipt For:		-		•	
Name of Employer Inox Health System Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) PEC ID number of contributing federal political committee. Pill Name (Last, First, Middle Initial) President and Chief Executive Officer Receipt For: Pill Name (Last, First, Middle Initial) President and Chief Executive Officer Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) President and Chief Executive Officer Receipt For: Primary Washington Hospital Center Receipt For: Primary General Other (specify) ▼ Occupation President Medical Affairs Receipt For: Primary General Other (specify) ▼ Occupation President Medical Affairs Receipt For: Primary General Other (specify) ▼ Occupation President Medical Affairs Receipt For: Primary General Other (specify) ▼ Occupation President Medical Affairs Receipt For: Primary General Other (specify) ▼ Occupation President Medical Affairs Receipt For: Primary General Other (specify) ▼ Occupation Primary General Other (specify) ▼			VA	22015-2522	Amount of Each Receipt this Period
Receipt For:			C		250.00
Primary General Other (specify) ▼ 250.00 Pull Name (Last, First, Middle Initial) Date of Receipt Mailing Address 701 N State of Franklin, Ste 1 11 1 1 4 2 0 0 7 Transaction ID: 14741884 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Cocupation President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ 1062.50 Date of Receipt Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period G2.50 C G2.50 G2.50		Name of Employer Inova Health System			s
Mr. Dennis Vonderfecht Mailing Address 701 N State of Franklin, Ste 1 City State Zip Code Johnson City TN 37604-3645 FEC ID number of contributing federal political committee. Name of Employer Mountain States Health Alliance. Primary General Other (specify) ▼ Cc. Full Name (Last, First, Middle Initial) Dr Janis M Orlowski, M.D. Mailing Address 2705 Olive St. NW City State Zip Code DC 20007-3326 FEC ID number of contributing federal political committee. C. State Zip Code Transaction ID: 14741884 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741884 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741971 Amount of Each Receipt Transaction ID: 14741971 Amount of Each Receipt this Period Transaction ID: 14741971 Amount of Each Receipt this Period Primary General Other (specify) ▼ 1000.00		Primary General	Aggregate	250.00	
City State Zip Code Johnson City Transaction ID: 14741884 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Mountain States Health Alliance Receipt For: Primary General Other (specify) ▼	- В.	Mr. Dennis Vonderfecht	n. Ste 1		<u> </u>
Johnson City TN 37604-3645 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Mountain States Health Alliance Receipt For: Name of Employer Mountain States Health Alliance Primary General Other (specify) ▼ City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer Washington DC 20007-3326 FEC ID number of contributing federal political committee. Name of Employer Washington Hospital Center Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Date of Receipt Transaction ID: 14741971 Amount of Each Receipt this Period Transaction ID: 14741971 Amount of Each Receipt this Period Transaction ID: 14741971 Amount of Each Receipt this Period Transaction ID: 14741971 Amount of Each Receipt this Period 1000.00			11 14 2007		
FEC ID number of contributing federal political committee. Name of Employer Mountain States Health Alliance Receipt For:		•		•	
Mountain States Health Alliance Receipt For: Primary		FEC ID number of contributing		3/604-3645	
Receipt For: Primary		Mountain States Health Al-			
C. Dr Janis M Orlowski, , M.D. Mailing Address 2705 Olive St. NW City State Zip Code Washington DC 20007-3326 FEC ID number of contributing federal political committee. Name of Employer Washington Hospital Center Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 14741971 Amount of Each Receipt this Period 1000.00		Receipt For: Primary General	Aggregate		
City Washington DC 20007-3326 FEC ID number of contributing federal political committee. Name of Employer Washington Hospital Center Receipt For: Primary Other (specify) ▼ State Zip Code DC 20007-3326 Transaction ID: 14741971 Amount of Each Receipt this Period 1000.00 1000.00	_ C.	,			Date of Receipt
City State Zip Code Washington DC 20007-3326 FEC ID number of contributing federal political committee. Name of Employer Washington Hospital Center Receipt For: Primary General Other (specify) ▼ State Zip Code 20007-3326 Amount of Each Receipt this Period 1000.00 1000.00		Mailing Address 2705 Olive St. NW			
Washington DC 20007-3326 Amount of Each Receipt this Period 1000.00 Name of Employer Washington Hospital Center		City	State	Zip Code	
Receipt For: Primary General Other (specify) ▼ Occupation Senior Vice President Medical Affairs Aggregate Year-to-Date ▼ 1000.00		Washington	DC	20007-3326	
Washington Hospital Center Senior Vice President Medical Affairs Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			C		1000.00
Primary General Other (specify) ▼ 1000.00		Name of Employer Washington Hospital Center			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)		>	1312.50

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sta	atements may r	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any personal schedule(s)	FOR LINE NUMBER: PAGE 26 / 130 (check only one) X
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and addre	ess of any political committee to	solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. David Engler, PhD			Date of Receipt
	Mailing Address 323 Pebble Creek Drive	Э		11 16 2007
	City	State	Zip Code	Transaction ID: 14745270
	<u>Dublin</u>	OH	43017-1370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupation Sr. Dir. Da	ta Services & V.P. REF	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Thomas S. Urban			Date of Receipt
•	Mailing Address 8484 Old Shaw Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14745271
	West Chester	OH	45069-6400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Health Partners	Occupation Administra	tor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) Mr. Thomas P. Nickels			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	V		11 26 YYYYY 2007
	City	State	Zip Code	Transaction ID: 14754001
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice Pr	esident, Federal Relations	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1500.00
H	CODITAL OF HOCOIPES THIS LAGE (OPHOHAI)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PA	C	
Full Name (Last, First, Middle Initial) Mr. James F Caldas		Date of Receipt
Mailing Address 110 Irving Street N	W	11 1 14 2007
City	State Zip Code	Transaction ID: 14754006
Washington	DC 20010-3017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Washington Hospital Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas P Pipicelli		Date of Receipt
Mailing Address 326 Washington St	treet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14755570
Norwich	CT 06360-2740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer William W. Backus Hospita- I, The	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Kathleen Roche		Date of Receipt
Mailing Address 114 Woodland Stre	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14755571
Hartford	CT 06105-1208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	· b	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee	
Full Name (Last, First, Middle Initial) Ms. Julia A. Petrellis Mailing Address 329 Round Hill Road City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Bristol FEC ID number of contributing federal political committee.	CT 06010-9021	Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Director, Quality Improvement Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr J. Kevin Kinsella Mailing Address P O Box 5037		Date of Receipt 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14755573
<u>Hartford</u>	CT 06102-5037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hartford Hospital	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James S. Paolino		Date of Receipt
Mailing Address 827 Orange Road		M M / D D / Y Y Y Y Y Y 1 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14755574
Waterbury FEC ID number of contributing federal political committee.	CT 06708	Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Association Receipt For: Primary General	Occupation Manager, Goverment Relations Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .	0 0 0 0 0 0 0 0	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 130 (check only one) X 11a	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to s		
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr Daniel E Lohr		Date of Receipt	
Mailing Address 326 Washington Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 14755606	
Norwich	CT 06360-2733	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer William W. Backus Hospita-	Occupation		
I, The	Senior Vice President and Chief Finan	<u>d</u>	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial) Mr. William Godburn		Date of Receipt	
Mailing Address 114 Woodland Street		M M / D D / Y Y Y Y Y Y Y 1 1 1 1 4 2 0 0 7	
City	State Zip Code	Transaction ID: 14755607	
<u>Hartford</u>	CT 06105-1208	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice President Revenue Managment		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Mr. Steven A. Godfrey		Date of Receipt	
Mailing Address Post Office Box 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 14755608	
New Britain	CT 06050-4000	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Central Connecticut Health Alliance	Occupation Vice President, Managed Care		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 130 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Clarence J Silvia Mailing Address 81 Meriden Avenu City Southington FEC ID number of contributing federal political committee. Name of Employer Bradley Memorial Hospital and Health C Receipt For:	e State Zip Code CT 06489-3268 C Occupation President and Chief Executive Officer Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Mr. Joseph Connolly Mailing Address 56 Franklin Street City Waterbury FEC ID number of contributing federal political committee. Name of Employer Saint Mary's Hospital Receipt For: Primary General	State Zip Code CT 06706-1221 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14755610 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Nancy R. Becker Mailing Address 64 Robbins Street City	State Zip Code	Date of Receipt M M
Waterbury FEC ID number of contributing federal political committee. Name of Employer Waterbury Hospital	CT 06708-2613 C Occupation VP Strategic Development	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 130 (check only one) X
or for co	rmation copied from such Reports and Stammercial purposes, other than using the I IE OF COMMITTEE (In Full) Perican Hospital Association PAC	atements magname and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Mr. E Maili City Sou FEC feder Nam Brace	Name (Last, First, Middle Initial) Brian Rogoz Ing Address 81 Meriden Avenue thington ID number of contributing ral political committee. e of Employer ley Memorial Hospital Health C sipt For: Primary General Other (specify)		Zip Code 06489-3297 n sident Finance and Chief Fin e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. F Maili City Deri FEC feder Nam Griff	Name (Last, First, Middle Initial) Patrick Charmel Ing Address 130 Division Street Dy ID number of contributing ral political committee. e of Employer in Hospital pipt For: Primary General Other (specify)		Zip Code 06418-1326 n It and Chief Executive Officer e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili City Har FEC feder Nam Sain	Name (Last, First, Middle Initial) loyce Wade Ing Address 114 Woodland Street ID number of contributing Inal political committee. e of Employer It Francis Hospital and Ideal Cen Initial Cen Initia	State CT C Occupatio Trustee Aggregate	Zip Code 06105-1208	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14755672 Amount of Each Receipt this Period 250.00
SUBTO	TAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 130 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Donald Straceski		Date of Receipt
Mailing Address 114 Woodland Street		11 1 1 4 2007
City	State Zip Code	Transaction ID: 14755772
Hartford	CT 06105-1208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice President Fiancial Manageme	ent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Steven D Hanks, , M.D.		Date of Receipt
Mailing Address P O Box 100		M M / D D / Y Y Y Y Y 1 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14755774
New Britain	CT 06050-0100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer New Britain General Hospi- tal	Occupation Senior Vice President Medical Affa	airs
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Howard A. Shaw, MD		Date of Receipt
Mailing Address 65 Olander Lane		M M / D D / Y Y Y Y Y 1 1 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14755775
Middletown	CT 06457-1574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Chairman & Director, Department	OB/GYN
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Hospital Association I	s and Statements may not be sold or used by any person sing the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Carolyn S. Kobsa Mailing Address P O Box 5000 City Bridgeport	State Zip Code CT 06610-0120	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 0 7 Transaction ID: 14755777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Bridgeport Hospital	Occupation Senior Vice President Planning and M	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Martin L. Levine Mailing Address 19 Carter Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14755778
Glastonbury FEC ID number of contributing federal political committee.	CT 06033-2217	Amount of Each Receipt this Period 250.00
Name of Employer Windham Community Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Administrator Director Human Resour Aggregate Year-to-Date ▼ 250.00	rces
Full Name (Last, First, Middle Initial) Mr. Kevin Reynolds Mailing Address 280 Steele Road	I	Date of Receipt
		11 14 2007
City <u>West Hartford</u>	State Zip Code CT 06117-2743	Transaction ID: 14757234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Updike, Kelly and Spellacy	Occupation Trustee	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 130 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	Te Harrie and add	areas or any political committee to	y solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Vincent Capece			Date of Receipt
Mailing Address 28 Crescent Street			1 1 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: 14757235
Middletown	CT	06457-3650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Middlesex Hospital	Occupation Vice Pres	n sident Finance and Treasure	er
Receipt For:		Year-to-Date $lacktrian$	"
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Mr. Edward Johnson			Date of Receipt
Mailing Address 114 Woodland Stree	et		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: 14757236
Hartford	CT	06105-1208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Saint Francis Care	Occupation Senior Vi	n ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Ms. Mary Ann Hanley			Date of Receipt
Mailing Address 349 East Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14757237
Hebron	CT	06248-1102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Administ	n rator, Liaison Office	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James W. Schepker		Date of Receipt
Mailing Address 115 Mountain Terrace	Road	1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14757238
West Hartford	CT 06107-1547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Francis Hospital and	Occupation	1
Medical Cen	Vice president Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Bernard A. Clark, III		Date of Receipt
Mailing Address 93 Johnny Cake Lane		M M / D D / Y Y Y Y Y Y 1 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14757308
Glastonbury	CT 06033-2545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Chairman, Dept. of Medicine	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert J Trefry		Date of Receipt
Mailing Address P O Box 5000		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14757309
Bridgeport	CT 06610-0120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Bridgeport Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 130 (check only one) X
or f	r information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr Amit K Mody, , M.D. Mailing Address 114 Woodland Street City Hartford FEC ID number of contributing federal political committee.	State CT C	Zip Code 06105-1208	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 4 2 0 0 7 Transaction ID: 14757310 Amount of Each Receipt this Period 500.00
	Name of Employer Saint Francis Care, Inc. Receipt For: Primary General Other (specify) ▼	Executive	e Vice President and Chief C e Year-to-Date ▼ 500.00	Ope
i	Full Name (Last, First, Middle Initial) Mr. Paul F. Pendergast Mailing Address 95 Woodland Street			Date of Receipt 1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757311
	Hartford	CT	06105-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Saint Francis Care, Inc.	Occupation President	n t & Chief Development Offic	er
-	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings			Date of Receipt
	Mailing Address 365 Montauk Avenue			1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757312
	New London	CT	06320-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Lawrence & Memorial Hospi- tal		t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
61	JBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert Gerard Kiely Mailing Address 28 Crescent Street City Middletown FEC ID number of contributing federal political committee.	State Zip Code CT 06457-3654	Date of Receipt M M M / D D D / Y Y Y Y Y 1 1 1 2 0 0 7 Transaction ID: 14757319 Amount of Each Receipt this Period 500.00
Name of Employer Middlesex Hospital Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	_
Full Name (Last, First, Middle Initial) Dr. Joel R Reich, , M.D. Mailing Address 71 Haynes Street		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Manchester FEC ID number of contributing federal political committee. Name of Employer Eastern Connecticut Health Network Receipt For:	State Zip Code CT 06040-4131 C Occupation Senior Vice President Medical Affairs Aggregate Year-to-Date ▼	Transaction ID: 14757320 Amount of Each Receipt this Period 500.00
Primary General Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Mr. Karl Krapek Mailing Address 11 Pembroke Drive		Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code CT 06001-3970	Transaction ID: 14757321
Avon FEC ID number of contributing federal political committee.	CT 06001-3970	Amount of Each Receipt this Period 500.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Board Member	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	1	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 38 / 130 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to so	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas O. Barnes Mailing Address 123 Main Street		Date of Receipt
Maining Address 123 Main Street		11 14 2007
City	State Zip Code	Transaction ID: 14757322
Bristol FEC ID number of contributing federal political committee.	CT 06010-6307	Amount of Each Receipt this Period 500.00
Name of Employer Bristol Hospital	Occupation Chairman of the Board	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. John H Tobin		Date of Receipt
Mailing Address 64 Robbins Street		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14757323
Waterbury FEC ID number of contributing federal political committee.	CT 06708-2600	Amount of Each Receipt this Period 500.00
Name of Employer Waterbury Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James D. lacobellis		Date of Receipt
Mailing Address 110 Barnes Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14757337
Wallingford	CT 06492-1802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice President, Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 130 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Barry Feldman Mailing Address 114 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and	State Zip Code CT 06105-1208 C Occupation Senior Vice President-General Counse	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 4 2 0 0 7 Transaction ID: 14757338 Amount of Each Receipt this Period 500.00
Medical Cen Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Martin J. Gavin Mailing Address 108 Winding Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14757339
Avon	CT 06001-2625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Connecticut Children's Me- dical Center	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John J. Brady, III		Date of Receipt
Mailing Address 5 Lynnbrook Road		M M / D D / Y Y Y Y Y Y 1 1 1 1 4 2 0 0 7
City	State Zip Code	Transaction ID: 14757340
Trumbull FEC ID number of contributing federal political committee.	CT 06611-3308	Amount of Each Receipt this Period 500.00
Name of Employer Connecticut Hospital Asso- ciation Receipt For:	Occupation Vice President, Business Developme Aggregate Year-to-Date ▼	ent &
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 130 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	13 14 15 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler		Date of Receipt
Mailing Address 31 Prospect Place		M M / D D / Y Y Y Y Y Y 1 1 1 1 4 2 0 0 7
City Bristol	State Zip Code CT 06010-5045	Transaction ID: 14757341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom		Date of Receipt
Mailing Address 20 York Street		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 4 2007
City	State Zip Code	Transaction ID: 14757342
New Haven	CT 06510-3220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Yale-New Haven Hospital	Occupation President and Chief Executive Officer	.]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen A. Frayne		Date of Receipt
Mailing Address 411 Old Sherman H	ill Road	M M / D D / Y Y Y Y Y Y 11 1 1 4 2007
City	State Zip Code	Transaction ID: 14757343
Woodbury	CT 06798-4003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice President, Finance	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
		1500.00

9	SCHEDULE A (FEC Form 3X)		Llas sanarata ashadula(s)	FOR LINE NUMBER: PAGE 41 / 130
	·		Use separate schedule(s) for each category of the	(check only one)
ı	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally 1 age	13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	American Hospital Association PAC			
∠ A .	Full Name (Last, First, Middle Initial) Mr. Robert P Ritz			Date of Receipt
	Mailing Address 56 Franklin Street			M M / D D / Y Y Y Y Y Y 1 1 1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757344
	Waterbury	CT	06706-1238	Amount of Each Receipt this Period
			30700 1250	Amount of Each receipt this rend
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Mary's Hospital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	Aggregate		1
	Other (specify)		500.00	
				'
- В.	Full Name (Last, First, Middle Initial) Mr. Kurt A Barwis, , CHE, CPA			Date of Receipt
	Mailing Address Brewster Road			M M / D D / Y Y Y Y
	City	State	Zip Code	11 14 2007
	Bristol	CT	•	Transaction ID: 14757345
	•	<u> </u>	06011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bristol Hospital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General	Aggregate	1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	1000.00	
С.	Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner			Date of Receipt
	Mailing Address P O Box 100			1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757346
	New Britain	CT	06050-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Hospital of Central Conne- cticut. The	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	, iggi ogali		1
	Other (specify) ▼	0 0	500.00	
Γ				1500.00
L	SUBTOTAL of Receipts This Page (optional)		·····	100000

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brian Fillipo, MD Mailing Address 6192 Moores Creek City Summerfield FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association	State Zip Code NC 27358-8285 C Occupation Vice President, Quality and Patient Sa	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 14757351 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Christopher M Dadlez Mailing Address 114 Woodland Stree City Hartford FEC ID number of contributing	State Zip Code CT 06105-1208	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Saint Francis Care, Inc. Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	_
Full Name (Last, First, Middle Initial) Mr. William Stanley Mailing Address 292 Pequot Avenue City	State Zip Code	Date of Receipt M M
New London FEC ID number of contributing federal political committee.	CT 06320-4451	Amount of Each Receipt this Period 250.00
Name of Employer Lawrence & Memorial Hospital Receipt For: Primary General Other (specify)	Occupation Vice President, Development Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 130 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	I Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Lyon Mailing Address 12 Wildlife Drive			Date of Receipt 1 1 1 4 2 0 0 7
City Wallingford FEC ID number of contributing	State CT	Zip Code 06492-5346	Transaction ID: 14757354 Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify)	Occupation Vice Pres		
Full Name (Last, First, Middle Initial) Mr Kyle Ballou Mailing Address 20 York Street			Date of Receipt 1 1 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: 14757355
New Haven	СТ	06510-3220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Yale-New Haven Hospital	Occupation Administ	n rative Director Community 8	4 G io
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Christopher Hartley			Date of Receipt
Mailing Address 114 woodland Street	:		M M / D D / Y Y Y Y Y 1 1 1 1 2 0 0 7
City	State	Zip Code	Transaction ID: 14757372
Hartford FEC ID number of contributing federal political committee.	CT	06105-1208	Amount of Each Receipt this Period 500.00
Name of Employer Saint Francis Hospital and Medical Cen Receipt For:	Occupation Sr Vice F	President	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)			1000.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 130 (check only one) X
or for commercia	copied from such Reports and St al purposes, other than using the OMMITTEE (In Full) Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. E. Merritt Mailing Addre City West Hartf FEC ID numl	ast, First, Middle Initial) McDonough, Jr. ess 44 Wesmont ord per of contributing al committee.	State CT	Zip Code 06117-2927	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 0 7 Transaction ID: 14757384 Amount of Each Receipt this Period 250.00
Name of Emp Saint Francis Medical Cen Receipt For:	ployer Hospital and		n ice President e Year-to-Date ▼ 250.00	
Mr Richard D'	ast, First, Middle Initial) Aquila ess 789 Howard Avenue			Date of Receipt
	per of contributing	State CT	Zip Code 06519-1304	Transaction ID: 14757416 Amount of Each Receipt this Period 250.00
Name of Emy Yale New Hatem Receipt For:	ven Health Sys-	Occupation Executive	n e Vice President and Chief C e Year-to-Date ▼ 250.00	Ope
Dr. Jane Dear	ast, First, Middle Initial) ne Clark, PhD ess 110 Barnes Road			Date of Receipt 1 1 1 1 4 2 0 0 7
City		State	Zip Code	Transaction ID: 14757417
	d per of contributing al committee.	CT	06492-1802	Amount of Each Receipt this Period 250.00
<u>ciation</u>	oloyer Hospital Asso-		irector, Healthcare Data	
Receipt For: Primary Other (/ General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional)			750.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from su or for commercial purposes, ot NAME OF COMMITTEE (I American Hospital Ass	her than using the name and an n Full)	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Ms. Patricia McCooey Mailing Address 110 Ba	rnes Road State CT	Zip Code 06492-1802	Date of Receipt 1 1 1 1 4 2 0 0 7 Transaction ID: 14757418 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.		00492-1002	250.00
Name of Employer Connecticut Hospital Association Receipt For: Primary Ger Other (specify) ▼	Directo	tion or, Patient Care ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Ms. Leslie Gianelli Mailing Address 110 Ba	lle Initial)		Date of Receipt 1 1 1 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: 14757419
Wallingford FEC ID number of contribut	CT C	06492-1802	Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Association Receipt For:	Occupa Directo	tion or, Communications ate Year-to-Date	
Primary Ger Other (specify) ▼	neral	250.00	
Full Name (Last, First, Mido Mr. Allan Pinard	lle Initial)		Date of Receipt
Mailing Address 110 Ba	rnes Road		1 1 1 4 2 0 0 7
City	State	Zip Code	Transaction ID: 14757422
Wallingford FEC ID number of contributed federal political committee.	CT C	06492-1802	Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Asso- ciation	Occupa Assista	tion ant Vice President, Finance	
Receipt For: Primary Ger Other (specify) ▼	Aggrega neral	ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		<u>-</u>
Full Name (Last, First, Middle Initial) Mr. Jerome G. Geraghty Mailing Address 20 South Charles Sti	reet	Date of Receipt
Sun Life Building, Su	iite 1200	11 26 2007
City	State Zip Code	Transaction ID: 14757440
Baltimore	MD 21201-3220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer Maryland Hospital Associa- tion	Occupation MHA General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) Ms. Catherine M. Crowley	1	Date of Receipt
Mailing Address 2100 Poplar Ridge F	Road	11 26 2007
City	State Zip Code	Transaction ID: 14757441
<u>Pasadena</u>	MD 21122-3820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Maryland Hospital Associa- tion	Occupation Assistant Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr. James J Xinis		Date of Receipt
Mailing Address 100 Hospital Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14757442
Prince Frederick	MD 20678-9675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Calvert Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		2225.00
TOTAL This Period (last page this line numb	<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47/130 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAG			
Full Name (Last, First, Middle Initial)			
Ms. Carmela S. Coyle			Date of Receipt
Mailing Address 325 Seventh Street Suite 700		75.0.4	111 26 2007
City Washington	State DC	Zip Code 20004-2818	Transaction ID: 14757474
FEC ID number of contributing federal political committee.	C	20004-2018	Amount of Each Receipt this Period 1000.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:		nice President, Policy	
Primary General Other (specify) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD	I		Date of Receipt
Mailing Address 2550 University Av	enue W.		11 26 2007
City	State	Zip Code	Transaction ID: 14757495
Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		140.00
Name of Employer Minnesota Hospital Associ- ation	Occupatio Vice Pres	n s, Regulatory/Strategic Affair	, , , , , , , , , , , , , , , , , , ,
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	530.00	
Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt
Mailing Address 4885 Pheasant Cou	urt South		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14757497
Afton	MN	55001-9415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		269.50
Name of Employer Minnesota Hospital Associ- ation	Occupatio Presiden	t	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.50	
SUBTOTAL of Receipts This Page (optional			1409.50

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 130 (check only one) X 11a
or for commercial p	ourposes, other than using the MMITTEE (In Full)	atements man name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Ho	spital Association PAC			
Ms. Ann Gibson	, First, Middle Initial)			Date of Receipt
Mailing Address	Suite 350-S	e W.		11 26 2007
City Saint Paul		State MN	Zip Code 55114-1052	Transaction ID: 14757513
FEC ID number federal political		C	33114-1032	Amount of Each Receipt this Period 250.00
Name of Emplo Minnesota Hosp ation	yer bital Associ-	Occupatio Director,	n Health Policy & Federal Rel	la
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Ms. Tania Danie				Date of Receipt
Mailing Address	2550 University Avenue	∍W.		11 26 2007
City		State MN	Zip Code	Transaction ID: 14757514
Saint Paul FEC ID number federal political		C	55114-1052	Amount of Each Receipt this Period 250.00
Name of Emplo Minnesota Hosp ation	yer oital Associ-	Occupatio Director,	n Health Policy	
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last	r, First, Middle Initial) erson, JD			Date of Receipt
Mailing Address	2550 University Avenue	∍W.		1 1 2 6 2 0 0 7
City		State	Zip Code	Transaction ID: 14757519
Saint Paul FEC ID number federal political		C	55114-1052	Amount of Each Receipt this Period 240.00
Name of Emplo Minnesota Hosp ation	yer oital Associ-	Occupatio Vice Pres	n s, Regulatory/Strategic Affai	ir
Receipt For: Primary Other (sp	☐ General ecify) ▼		e Year-to-Date ▼ 770.00	
SUBTOTAL of Re				740.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 130 (check only one) X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۸. ۱	Full Name (Last, First, Middle Initial) Ms. Debra K Boardman Mailing Address 323 South Minnesota S	Street		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Crookston	State MN	Zip Code 56716-1600	Transaction ID: 14757520 Amount of Each Receipt this Period
f	EC ID number of contributing ederal political committee.	С		7.50
<u>(</u>	Name of Employer Riverview Healthcare Asso- biation Receipt For: Primary General Other (specify) ▼		n t and Chief Executive Office Year-to-Date ▼ 367.50	r]
B. <u>M</u>	Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 1300 Anne Street NW			Date of Receipt 1 1 2 6 2 0 0 7
Ō	Dity	State	Zip Code	Transaction ID: 14757598
F	Bemidji FEC ID number of contributing ederal political committee.	C	56601-5103	Amount of Each Receipt this Period 167.05
] <u>2</u>	Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify)	1	n t and Chief Executive Office Year-to-Date ▼ 517.50	r]
. <u>M</u>	Full Name (Last, First, Middle Initial) Ms Kathy Johnson Asiling Address 2000 No. 11, 51, 50, 51, 51, 51, 51, 51, 51, 51, 51, 51, 51			Date of Receipt
_	Mailing Address 200 North Elm Street			11 26 2007
	City Onamia	State MN	Zip Code 56359-7901	Transaction ID: 14757602 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		250.00
_	lame of Employer Mille Lacs Health System	Occupation Chief Op	n erating Officer	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
SU	BTOTAL of Receipts This Page (optional)			424.55

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt	
Mailing Address 4885 Pheasant Cou	Mailing Address 4885 Pheasant Court South			
City Afton	State MN	Zip Code 55001-9415	Transaction ID: 14757618 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	000010410	269.50	
Name of Employer Minnesota Hospital Associ- ation	Occupation Presiden			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00		
Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn			Date of Receipt	
Mailing Address 2550 University Avene			1 1 2 6 Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 14757621	
St. Paul FEC ID number of contributing federal political committee.	C	55114	Amount of Each Receipt this Period 280.00	
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice Pres	n sident of Information Service	es	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) Mr. Paul Belcher			Date of Receipt	
Mailing Address Rt. 15, Box 241			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Tallahassee	State FL	Zip Code 32311	Transaction ID: 14758858 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	02011	500.00	
Name of Employer Florida Hospital Associat- ion		ice President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional	J)		1049.50	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Sue G Brody Mailing Address 701 Sixth Street South City	State	Zip Code	Date of Receipt M
	Saint Petersburg	FL	33701-4891	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bayfront Medical Center Receipt For: Primary General Other (specify) ▼		n t and Chief Executive Officer e Year-to-Date ▼ 500.00]
3.	Full Name (Last, First, Middle Initial) Mr. Timothy J Goldfarb Mailing Address 1600 SW Archer Road			Date of Receipt 1 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 14759088
	Gainesville	FL	32610-3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Shands HealthCare	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
_	Full Name (Last, First, Middle Initial) Mr. John Hillenmeyer			Date of Receipt
	Mailing Address 1414 Kuhl Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14763671
	Orlando	<u>FL</u>	32806-2093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orlando Regional Healthca- re	Occupation Presiden	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
T	TOTAL This Period (last page this line number of	anly)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 130 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Lars Houmann		Date of Receipt
Mailing Address 601 East Rollins Stree	et State Zip Code	1 1 2 6 2 0 0 7 Transaction ID: 14763673
Orlando	FL 32803-1248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	22.50
Name of Employer Florida Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	
Full Name (Last, First, Middle Initial) Mr Warren E Jones		Date of Receipt
Mailing Address 1300 Miccosukee Roa		111 26 2007
City	State Zip Code	Transaction ID: 14763797
Tallahassee FEC ID number of contributing	FL 32308-5054	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Tallahassee Memorial Heal- thCare	Occupation Vice President and Chief Communica	ti o n
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield		Date of Receipt
Mailing Address 1717 North 'E' Street,	Ste 320	11 29 7 2007
City	State Zip Code FL 32501-6377	Transaction ID: 14763814
Pensacola FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer Baptist Health Care Corpo- ration	Occupation President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
		1272.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Paul Malek Mailing Address 625 Buttonwood Lane		Date of Receipt
	Ctata 7in Cada	11 26 2007
City Miami	State Zip Code FL 33137-3359	Transaction ID: 14763816 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Memorial Healthcare System	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Timothy P Menton	<u> </u>	Date of Receipt
Mailing Address 2291 SW 76th Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14763822
Ocala	FL 34476-6774	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Villages Regional Hospita- I, The	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 272.50	
Full Name (Last, First, Middle Initial) Mr. William G Ulbricht		Date of Receipt
Mailing Address P O Box 12588		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Petersburg	State Zip Code FL 33733-2588	Transaction ID: 14764133 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	212.50
Name of Employer St. Anthony's Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	
SUBTOTAL of Receipts This Page (optional)		712.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Joseph L. Ruark Mailing Address 6809 Hillock Court		Date of Receipt
City	State Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 14765728
Florence	KY 41042-1175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer St. Elizabeth Medical Cen- ter-Grant Cou	Occupation Acting Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Michael J Gibbons		Date of Receipt
Mailing Address 109 Brittany Court		11 30 7 2007
City	State Zip Code	Transaction ID: 14765729
Lakeside Park	KY 41017-2101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer St. Elizabeth Medical Cen- ter	Occupation Trustee	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Michael Walters, MD		Date of Receipt
Mailing Address 747 Hurstbourne		11 30 7 9 9 9
City	State Zip Code	Transaction ID: 14765730
Edgewood	KY 41017-9602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. Elizabeth Medical Cen- ter-South	Occupation Sr. Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	<u> </u>	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 130 (check only one) X
ny information copied from such Reports and strong roommercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any peen ame and address of any political committee	erson for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Eric Beyer		Date of Receipt
Mailing Address 641 Salem End road	7.0.1	11 30 2007
City Framingham	State Zip Code MA 01702-5529	Transaction ID: 14765780
FEC ID number of contributing federal political committee.	C 01702-5329	Amount of Each Receipt this Period 250.00
Name of Employer Tufts-New England Medical Center	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Helen R. Strieder		Date of Receipt
Mailing Address 83 Penniman Place		11 30 2007
City	State Zip Code	Transaction ID: 14765781
Brookline	MA 02445-4135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer New England Baptist Hospi- tal	Occupation Trustee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Patrick Jordan		Date of Receipt
Mailing Address 2014 Washington Stro	eet	1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newton Lower Falls	State Zip Code MA 02462-1699	Transaction ID: 14765782
FEC ID number of contributing federal political committee.	C 02462-1699	Amount of Each Receipt this Period 1000.00
Name of Employer Newton-Wellesley Hospital	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).		1500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D. Mailing Address 55 Fruit Street City Boston FEC ID number of contributing federal political committee. Name of Employer Massachusetts General Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02114-2622 C Occupation President Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14765784 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Ms. Trudy Chittick Mailing Address 150 East Arapahoe St City Thermopolis FEC ID number of contributing federal political committee. Name of Employer Hot Springs County Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code WY 82443-2402 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gordon Lewis Mailing Address 2000 Campbell Drive City Torrington FEC ID number of contributing federal political committee. Name of Employer Community Hospital Receipt For: Primary General Other (specify)	State Zip Code WY 82240-1528 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 3 0 2 0 0 7 Transaction ID: 14765839 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	not be sold or used by any perso ress of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Peter A. Sherlock Mailing Address 388 Western Avenue City	State	Zip Code	Date of Receipt M M D D 2 0 0 7
West Brattleboro FEC ID number of contributing federal political committee.	C	05301-6238	Amount of Each Receipt this Period 500.00
Name of Employer Brattleboro Memorial Hosp- ital Receipt For: Primary General Other (specify) ▼	Occupation Trustee Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz Mailing Address 900 Potomac Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14766437
<u>Aurora</u>	CO	80011-6716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Spalding Rehabilitation Hospital Receipt For: Primary General Other (specify) ▼	- · ·	and Chief Executive Officer Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr Henry D Lipman	•		Date of Receipt
Mailing Address 179 Sara Circle			11 30 2007
City	State	Zip Code	Transaction ID: 14766472
Laconia	NH	03246-3069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer LRG Healthcare		Vice President and Chief F	in
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .			1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 130 (check only one) X
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Rev. Michael D. Place, STD		Date of Receipt
	Mailing Address 1671 Mission Hill Road City	State Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 14766480
	Northbrook	IL 60062-5735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Resurrection Health Care Corporation Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Ministry Development Aggregate Year-to-Date 250.00	<u>t</u>
	Full Name (Last, First, Middle Initial) Mr. William J. Cox		Date of Receipt
	Mailing Address 1215 K Street 20th Floor	Old 77 Old	111 30 2007
	City	State Zip Code	Transaction ID: 14766484
	Sacramento FEC ID number of contributing federal political committee.	CA 95814-3945	Amount of Each Receipt this Period 250.00
	Name of Employer Alliance of Catholic Heal- th Care	Occupation President & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. John J. Lynch, M.D.		Date of Receipt
	Mailing Address 3719 Winfield Lane, NV	N	11 30 7 2007
	City	State Zip Code	Transaction ID: 14766485
	Washington	DC 20007-2349	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Washington Hospital Center	Occupation Associate Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)	.	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 130 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson Mailing Address 61 Hickory Lane City Madison FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify)	State Zip Code CT 06443-1718 C Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: 14771611 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Kevin Nokels Mailing Address 11111 South 84th Stree City Papillion FEC ID number of contributing federal political committee. Name of Employer Alegent-Health Midlands Hospital Receipt For: Primary General Other (specify)	State Zip Code NE 68046-4122 C Occupation Vice President and Chief Operating O Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 3 0 2 0 0 7 Transaction ID: 14772117 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Dennis D Keefe Mailing Address 1493 Cambridge Stree City Cambridge FEC ID number of contributing federal political committee. Name of Employer Cambridge Health Alliance Receipt For: Primary General Other (specify)	State Zip Code MA 02139-1099 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M / 29 / 2007 Transaction ID: 14795409 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	>	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Hospital Association	is and Statements may not be sold or used by any perso sing the name and address of any political committee to PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens Mailing Address 5 New England	Executive Park	Date of Receipt
City Burlington	State Zip Code MA 01803-5010	Transaction ID: 14795411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Massachusetts Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Sr. Vice President, Legal Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Nancy Palmer Mailing Address 9 Buttonwood L	ane	Date of Receipt 1 1 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 14795412
Danvers	MA 01923-1161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Beverly Hospital	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Paul W. Allison		Date of Receipt
Mailing Address 36 Mitchell Grad	nt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14795413
Bedford FEC ID number of contributing federal political committee.	MA 01730-1264	Amount of Each Receipt this Period 500.00
Name of Employer Cambridge Health Alliance	Occupation General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (op	ional)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association Page 1	AC	
Full Name (Last, First, Middle Initial) Dr. John B Chessare, , M.D., M.		Date of Receipt
Mailing Address 736 Cambridge S		11 29 2007
City <u>Boston</u>	State Zip Code MA 02135-2907	Transaction ID: 14795415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Caritas Christi Health Ca- re	Occupation Interim President and Chief Executive	,
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas Sommers		Date of Receipt
Mailing Address 2006 Irving Street		11 29 2007
City	State Zip Code	Transaction ID: 14795431
Beatrice FEC ID number of contributing federal political committee.	NE 68310-2265	Amount of Each Receipt this Period 250.00
Name of Employer Beatrice Community Hospit- al and Health	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Craig M Ames		Date of Receipt
Mailing Address 1600 South 48th S	Street	1 1 2 9 2 0 0 7
City Lincoln	State Zip Code NE 68506-1299	Transaction ID: 14795435
FEC ID number of contributing federal political committee.	NE 68506-1299	Amount of Each Receipt this Period 250.00
Name of Employer BryanLGH Medical Center	Occupation President and Chief Operating Officer	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00
	mber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Daniel W. Griess Mailing Address 744 West 16th Street City Alliance FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NE 69301-2214 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Box Butte General Hospital Receipt For: Primary General Other (specify)	Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael R Gloor, , FACHE Mailing Address P O Box 9804		Date of Receipt M
City	State Zip Code	Transaction ID: 14795450
Grand Island FEC ID number of contributing federal political committee.	NE 68802-9804	Amount of Each Receipt this Period 250.00
Name of Employer Saint Francis Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Ms. Lucinda A Bradley		Date of Receipt
Mailing Address P O Box 1167		11 29 2007
City	State Zip Code	Transaction ID: 14797586
North Platte FEC ID number of contributing federal political committee.	NE 69103-1167	Amount of Each Receipt this Period 500.00
Name of Employer Great Plains Regional Medical Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 130 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Richard A. Hachten, II		Date of Receipt
	Mailing Address 2676 South 96th Circle		11 29 2007
	City Omaha	State Zip Code NE 68124-1949	Transaction ID: 14797735
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Alegent Health	Occupation President, Alegent Health System	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. James P Ulrich, , Jr. Mailing Address P O Box 1328		Date of Receipt
	21	71.0.1	11 29 2007
	City McCook	State Zip Code NE 69001-1328	Transaction ID: 14797755 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Community Hospital	Occupation President and Chief Executive Officer	r
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Gary A Perkins	<u> </u>	Date of Receipt
	Mailing Address 8200 Dodge Street		11 29 2007
	City	State Zip Code	Transaction ID: 14797757
	Omaha FEC ID number of contributing federal political committee.	NE 68114-4113	Amount of Each Receipt this Period 250.00
	Name of Employer Children's Hospital	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ,	SURTOTAL of Receipts This Page (ontional)		750.00

City Kearney NE 68848-1990 Amount of Each Receipt th C Name of Employer Good Samaritan Health Systems Receipt For: Primary Other (specify) ▼ C State Zip Code NE 68848-1990 Amount of Each Receipt th C Aggregate Year-to-Date Transaction ID: 1479776 Amount of Each Receipt th C Aggregate Year-to-Date Transaction ID: 1479776 Amount of Each Receipt th C Date of Receipt th	k only one) 11a	R: PAGE 64 / 130
A. Mr. Roger J Reamer Mailing Address 300 North Columbia Avenue City Seward NE 68434-2228 FEC ID number of contributing federal political committee. Name of Employer Memorial Health Care Systems. Receipt For: Primary General Other (specify) ▼ Ccupation Mailing Address P O Box 1990 City State Zip Code NE 68848-1990 Full Name (Last, First, Middle Initial) Mr. John Allen Mailing Address P O Box 1990 City State Zip Code NE 68848-1990 FEC ID number of contributing federal political committee. Ccupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 1479776 Amount of Each Receipt the 11 miles of the contribution of the c	purpose of soliciting ontributions from sucl	liciting contributions m such committee.
Seward Seward NE 68434-2228 Transaction ID: 1479775 Seward NE 68434-2228 Amount of Each Receipt th C C Name of Employer Memorial Health Care Syst- gens Receipt To: Primary Other (specify) ▼ City State NE 68848-1990 City State C C City State NE 68848-1990 City State C C Date of Receipt th Date	'	
FEC ID number of contributing federal political committee. Name of Employer Memorial Health Care Systems. Receipt For: Primary General Other (specify) ▼	nsaction ID: 1479	14797759
Receipt For:		250.00
Amount of Each Receipt Mailing Address P O Box 1990		
City State Zip Code NE 68848-1990 FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Health Systems President and Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, FACHE Mailing Address 987400 Nebraska Medical Center PEC ID number of contributing federal political committee. Name of Employer Nebraska Medical Center President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt M M M / 29 / Y 1 1 1 2 2 9 Transaction ID: 1479778 Amount of Each Receipt the State Zip Code NE 68198-7400 C C C C C C C C C C C C C C C C C C	M / D D /	
FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Health Systems Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, FACHE Mailing Address 987400 Nebraska Medical Center City State Zip Code Transaction ID: 1479778 Omaha NE 68198-7400 NE 68198-7400 Name of Employer Aggregate Year-to-Date ▼ Cocupation President and Chief Executive Officer Receipt For: Primary General Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼		
Good Samaritan Health Systems Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, FACHE Mailing Address 987400 Nebraska Medical Center City State Zip Code Omaha NE 68198-7400 FEC ID number of contributing federal political committee. Name of Employer Nebraska Medical Center City Coccupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 1479778 Amount of Each Receipt th Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼	nount of Each Receip	Receipt this Period 250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, FACHE Mailing Address 987400 Nebraska Medical Center City State Zip Code Omaha NE 68198-7400 FEC ID number of contributing federal political committee. Name of Employer Nebraska Medical Center Receipt For: Primary General Primary General Aggregate Year-to-Date ▼ FEO 00		
Mr. Glenn A Fosdick, , FACHE Mailing Address 987400 Nebraska Medical Center City State Zip Code Omaha NE 68198-7400 FEC ID number of contributing federal political committee. Name of Employer Nebraska Medical Center Receipt For: Primary General Date of Receipt M M M / 29 Transaction ID: 1479778 Amount of Each Receipt th		
City State Zip Code Omaha NE 68198-7400 Transaction ID: 1479778 Amount of Each Receipt th C Name of Employer Nebraska Medical Center Receipt For: Primary General Aggregate Year-to-Date ▼	ate of Receipt	
Omaha NE 68198-7400 Amount of Each Receipt th FEC ID number of contributing federal political committee. C Name of Employer Nebraska Medical Center Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date Primary General		
FEC ID number of contributing federal political committee. Name of Employer Nebraska Medical Center Receipt For: Primary General C Occupation President and Chief Executive Officer Aggregate Year-to-Date FOO 00		
Nebraska Medičal Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date Primary General	lount of Lacif Neces	500.00
Primary General 500.00		
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Cirieck Offiny Office
Any information copied from such Reports and	·	rany person for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and address of any political cor	mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
American Hospital Association 1 Ao		
Full Name (Last, First, Middle Initial) Mr. Earl N Sheehy		Date of Receipt
Mailing Address P O Box 185		1 1 2 9 2 0 0 7
City	State Zip Code	Transaction ID: 14797787
Wahoo	NE 68066-0185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Saunders Medical Center	Occupation President and Chief Executiv	ve Officer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1 1
Other (specify) ▼	25	50.00
Full Name (Last, First, Middle Initial) Dr. Todd Sorensen, , M.D.	•	Date of Receipt
Mailing Address 4021 Avenue 'B'		11 29 2007
City	State Zip Code	Transaction ID: 14797829
Scottsbluff	NE 69361-4602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Regional West Medical Cen- ter	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		50.00
Full Name (Last, First, Middle Initial) Ms. Michal Regunberg	1	Date of Receipt
Mailing Address 449 Franklin Street		11 29 2007
City	State Zip Code	Transaction ID: 14797830
Cambridge	MA 02139-3168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Senior Vice President	
Sociation Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		50.00
		750.00

TOTAL This Period (last page this line number only)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Arnold R. Thomas, Jr.		Date of Receipt
Mailing Address 700 Mustang Drive City	State Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 14798335
Bismarck	ND 58503-8204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Dakota Healthcare Association	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Douglas G. Vang Mailing Address 502 Harwoood Drive		Date of Receipt
- Soz Halwood Dilve		30 2007
City	State Zip Code	Transaction ID: 14798347
Fargo	ND 58104-6276	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MeritCare Health System	Occupation Senior Executive of Strategy Develo	ppme
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. John E. Callender		Date of Receipt
Mailing Address 2743 Elginfield Road		11
City	State Zip Code	Transaction ID: 14798359
Upper Arlington	OH 43220-4247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 725.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 130 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard F Castrop Mailing Address 55 Hospital Drive			Date of Receipt 1 1 3 0 2 0 0 7
City Athens FEC ID number of contributing	State OH	Zip Code 45701-2302	Transaction ID: 14798412 Amount of Each Receipt this Period
federal political committee. Name of Employer O'Bleness Memorial Hospit- al Receipt For:	Occupatio Presiden		250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		350.00	
Mr. Ingo Angermeier, , FACHE Mailing Address 101 East Wood Stre	eet		Date of Receipt 1 1 3 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City	State	Zip Code	Transaction ID: 14798414
<u>Spartanburg</u>	SC	29303-3016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Spartanburg Regional Medical Center Receipt For:		t and Chief Executive Officer	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jay Cox			Date of Receipt
Mailing Address 129 North Washing	ton Street		11 30 4 2007
City	State	Zip Code	Transaction ID: 14798415
Sumter FEC ID number of contributing federal political committee.	SC C	29150-4983	Amount of Each Receipt this Period 500.00
Name of Employer Tuomey Healthcare System	Occupatio Presiden	n t and Chief Executive Office	,
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Aı or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Thomas C Dandridge		Date of Receipt
	Mailing Address 3000 St Matthews Roa	State Zip Code	1 1 3 0 2 0 0 7
	Orangeburg	SC 29118-1442	Transaction ID: 14798416 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Regional Medical Center of Orangeburg Receipt For:	Occupation President	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. J. Wallace Davies, MD		Date of Receipt
	Mailing Address 800 North Fant Street		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 14798417
	Anderson	SC 29621-5793	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer AnMed Health Rehabilitati- on Hospital	Occupation Trustee	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. John Heydel	<u> </u>	Date of Receipt
	Mailing Address 1325 Spring Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 14798423
	Greenwood	SC 29646-3860	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Regional Healthcare	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	UBTOTAL of Receipts This Page (optional)	1	2000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 130 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joe D Howell Mailing Address 143 Lemaster Road City Gaffney FEC ID number of contributing federal political committee. Name of Employer Upstate Carolina Medical Center Receipt For: Primary General	State Zip Code SC 29341-4903 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby Mailing Address 1000 Center Point Ro City Columbia	0 0 0 0 0 0 0 0	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer South Carolina Hospital Association Receipt For: □ Primary □ General Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date 375.05	201.95
Full Name (Last, First, Middle Initial) Mr William T Manson Mailing Address 800 North Fant Street		Date of Receipt 1 1 3 0 7 2 0 0 7
City Anderson FEC ID number of contributing federal political committee.	State Zip Code SC 29621-5793	Transaction ID: 14798428 Amount of Each Receipt this Period 250.00
Name of Employer AnMed Health Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .		701.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Doug White Mailing Address 809 82nd Parkway City Myrtle Beach FEC ID number of contributing federal political committee. Name of Employer Grand Strand Regional Medical Center Receipt For: Primary General	State Zip Code SC 29572-4611 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14798538 Amount of Each Receipt this Period 502.50
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Charles C. Thornton, Jr., CPA Mailing Address Post Office Box 1486	502.50	Date of Receipt 1 1 3 0 2 0 0 7
City Anderson FEC ID number of contributing federal political committee. Name of Employer AnMed Health Medical Center Receipt For: Primary General Other (specify)	State Zip Code SC 29622-1486 C Occupation Trustee Aggregate Year-to-Date 250.00	Transaction ID: 14799231 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Paul Rutledge, FACHE Mailing Address 110 Winners Circle First Floor City Brentwood FEC ID number of contributing federal political committee. Name of Employer HCA	State Zip Code TN 37027-5070 C Occupation President	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1752.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		_
Full Name (Last, First, Middle Initial) A. Mr. Rogers Anderson Mailing Address 2021 Carothers Road		Date of Receipt
City	State Zip Code	1 1 3 0 2 0 0 7 Transaction ID: 14800434
Franklin FEC ID number of contributing federal political committee.	TN 37067-5822	Amount of Each Receipt this Period 250.00
Name of Employer Williamson Medical Center	Occupation Trustee	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Terry Murphy Mailing Address 640 South State Stree	nt .	Date of Receipt
		11 29 2007
City Dover	State Zip Code DE 19901-3597	Transaction ID: 14802414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bayhealth Medical Center	Occupation Executive Vice President and Chief Op	- De
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mrs. Bonnie Perratto		Date of Receipt
Mailing Address 6 Derbyshire Ct.		M M / D D / Y Y Y Y Y Y Y Y Y Y Z 2 0 0 7
City	State Zip Code	Transaction ID: 14802416
Dover FEC ID number of contributing federal political committee.	DE 19904-5746	Amount of Each Receipt this Period 250.00
Name of Employer Bayhealth Medical Center	Occupation Sr.VP/Chief Nurse Executive	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	750.00
TOTAL This Period (last page this line numbe	r only)	

ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Date of Receipt
11 29 2007
Transaction ID: 14802417 Amount of Each Receipt this Period
250.00
250.00
Date of Receipt
11 27 2007
Transaction ID: 14807815 Amount of Each Receipt this Period
1000.00
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Transaction ID: 14807816
Amount of Each Receipt this Period
1000.00
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ent

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe Mailing Address 4293 Al Hwy. 169 City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary Other (specify)	State Zip Code AL 36804 C Occupation Vice President & Administration Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 7 2 0 0 7 Transaction ID: 14807817 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Christopher Clark Mailing Address 13045 Sawyer Drive City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify)	State Zip Code AL 36801 C Occupation Assistant Vice President Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14807818 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Michael Lisenby Mailing Address 807 Laurel Street City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify)	State Zip Code AL 36801-3519 C Occupation Chief Medical Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M Z 7 Z 0 0 7 Transaction ID: 14807819 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 130 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr John T Chittom Mailing Address 229 Lee Road City Auburn FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For:	State Zip Code AL 36802-3201 C Occupation Assistant Vice President Information Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14808245 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ken Lott	1000.00	Date of Receipt
Mailing Address 1567 Oak Hill Circle City	State Zip Code	1 1 2 7 2 7 2 0 0 7 Transaction ID: 14808246
Auburn FEC ID number of contributing federal political committee.	AL 36832-6798	Amount of Each Receipt this Period 1000.00
Name of Employer East Alabama Medical Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Vice President, Operations Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Mr. Sam Price Mailing Address 2000 Pepperell Parkw	21/	Date of Receipt
City Opelika	State Zip Code AL 36802-3201	1 1 2 7 2 0 0 7 Transaction ID: 14808247
FEC ID number of contributing federal political committee.	C 30802-3201	Amount of Each Receipt this Period 1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Vice President, Finance	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
		3000.00

City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ City State Zip Code AlL 36801-5422 Amount of Each Receipt this C Date of Receipt Transaction ID: 14808248 Amount of Each Receipt this Patient Services Full Name (Last, First, Middle Initial) Ms. Carey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code AlL 36830-7236 FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ Coccupation Vice President Aggregate Year-to-Date ▼ Coccupation Vice President FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt this Date of Receipt this Date of Receipt Date of Receipt	E 75 / 130
A. American Hospital Association PAC Full Name (Last, First, Middle Initial) Mailing Address 2000 Pepperell Parkway City State Zip Code Opelika AL 36801-5422 FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Cent- Secopt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Carrey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code AL 36830-7236 Full Name (Last, First, Middle Initial) Ms. Carrey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code AL 36830-7236 Full Name (Last, First, Middle Initial) Ms. Carrey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code AL 36830-7236 Full Name (Last, First, Middle Initial) Ms. Carrey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code Alt 36830-7236 Full Name (Last, First, Middle Initial) Ms. Carrey M. Owen Mailing Address 2844 Vestavia Forest Drive City State Zip Code Alt 35216-2540 Full Name (Last, First, Middle Initial) Ms. Carrey M. Owen Mailing Address 2844 Vestavia Forest Drive City State Zip Code Alt 35216-2540 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808250 Amount of Each Receipt this Date of Receipt Transaction ID: 14808250 Amount of Each Receipt this	ributions nmittee.
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Receipt For:	1000.00
Primary	
Tull Name (Last, First, Middle Initial) Ms. Carey M. Owen Mailing Address 2520 Springwood Drive City Auburn FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary Other (specify) ▼ Indicate the second of Employer Mailing Address 2844 Vestavia Forest Drive PEC ID number of contributing C Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt this Date of Receipt Transaction ID: 14808249 Amount of Each Receipt M M M / D D / Y Transaction ID: 14808249 Amount of Each Receipt Transaction ID: 14808250 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Medical West President and CEO Receipt For: Primary General	
Ms. Carey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code Auburn AL 36830-7236 FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. W. Russell Tyner Mailing Address 2844 Vestavia Forest Drive City State Zip Code Mailing Address 2844 Vestavia Forest Drive City State Zip Code Vestavia Hills FEC ID number of contributing federal political committee. Name of Employer Mailing Address 2844 Vestavia Forest Drive City State Zip Code Vestavia Hills FEC ID number of contributing federal political committee. Name of Employer Medical West President and CEO Receipt For: Primary General C Scoupation President and CEO Receipt For: Primary General Date of Receipt Transaction ID: 14808250 Amount of Each Receipt this	
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FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. W. Russell Tyner Mailing Address 2844 Vestavia Forest Drive City State Zip Code Transaction ID: 14808250 Vestavia Hills AL 35216-2540 Name of Employer Medical West Primary General Name of Employer Medical West Primary General Occupation President and CEO Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Transaction ID: 14808250 Amount of Each Receipt this	
Receipt For: Name of Employer East Alabama Medical Center Vice President	s Period
East Alabama Medical Center Vice President Receipt For:	1000.00
Primary General Other (specify) ▼ Solution Tell Name (Last, First, Middle Initial)	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. W. Russell Tyner Mailing Address 2844 Vestavia Forest Drive City State Zip Code Vestavia Hills AL 35216-2540 FEC ID number of contributing federal political committee. Name of Employer Medical West President and CEO Receipt For: Primary General Date of Receipt M M M C P P P P P P P P P P P P P P P P	
Mr. W. Russell Tyner Mailing Address 2844 Vestavia Forest Drive City State Zip Code Vestavia Hills AL 35216-2540 FEC ID number of contributing federal political committee. Name of Employer Medical West President and CEO Receipt For: Primary General Date of Receipt M M M / D D D / Y I I I I I I I I I I I I I I I I I I	
City State Zip Code Vestavia Hills AL 35216-2540 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Medical West President and CEO Receipt For: Primary General Aggregate Year-to-Date ▼	
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Federal political committee. Name of Employer Medical West Receipt For: Primary General Occupation President and CEO Aggregate Year-to-Date ▼	s Period
Medical West President and CEO Receipt For: Primary General Aggregate Year-to-Date ▼	500.00
Primary General	
F00.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (FEC FO	Use separate schedule(s for each category of the Detailed Summary Page	
Any information copied from such R or for commercial purposes, other the NAME OF COMMITTEE (In Full American Hospital Association)	ports and Statements may not be sold or used by any an using the name and address of any political commit on PAC	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Ini Mr. Gregg B. Everett Mailing Address 109 Ocala [City Montgomery FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Associat-	State Zip Code AL 36117-6964 C Occupation	Date of Receipt M M C D D C C Y Y Y Y Y Y Transaction ID: 14808251 Amount of Each Receipt this Period 500.00
ion Receipt For: Primary General Other (specify)	Sr. Vice President & General Con Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Ini Ms. Rosemary Blackmon Mailing Address 547 Le Gran City	,	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Montgomery FEC ID number of contributing federal political committee.	AL 36106-1825 C Occupation	Transaction ID: 14808252 Amount of Each Receipt this Period 250.00
Name of Employer Alabama Hospital Association Receipt For: Primary General Other (specify) ▼	Vice President of Public Relation Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Ini Ms. Jane Knight Mailing Address 1612 Salisb	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14808253
Montgomery FEC ID number of contributing federal political committee.	AL 36117-2562	Amount of Each Receipt this Period 250.00
Name of Employer Alabama Hospital Associat- ion	Occupation Vice President, Member Relation	ns
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 130 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may r name and addre	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. R. Thomas Cooper, III Mailing Address 404 Paddock Lane			Date of Receipt
	City	State	Zip Code	1 1 2 7 2 0 0 7 Transaction ID: 14808254
	Montgomery	AL	36109-4625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Alabama Hospital Associat- ion	Occupation Chief Final	ncial Officer	
	Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Mindy Burdick			Date of Receipt
	Mailing Address 701 Keeneland Way			11 27 2007
	City	State	Zip Code	Transaction ID: 14808255
	Montgomery	AL	36109-4664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Baptist Medical Center Ea- st	Occupation Administra	utor	
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
. –	Full Name (Last, First, Middle Initial) Mr. Janice Baker			Date of Receipt
	Mailing Address 1798 Ogletree Road			11 27 2007
	City	State	Zip Code	Transaction ID: 14808260
	Auburn	AL	36830-7258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer East Alabama Medical Cent- er	Occupation Vice President		
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Γ	SURTOTAL of Receipts This Boss (antional)	l		1500.00
-	SUBTOTAL of Receipts This Page (optional)		<u> </u>	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Glenn A. Reed, Esq. Mailing Address 191 Peachtree Street City Atlanta FEC ID number of contributing federal political committee. Name of Employer King & Spalding Receipt For: Primary General Other (specify)	State Zip Code GA 30309-3905 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt M M M / 26 / 2007 Transaction ID: 14812162 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms. Donna P. Bergeson Mailing Address 1938 Grist Stone Cou City Atlanta FEC ID number of contributing	State Zip Code GA 30307-1186	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer Alston & Bird, LLP Receipt For: Primary General Other (specify)	C Occupation Trustee Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Mr. Edwin E Dahlberg Mailing Address 2342 S. Swallowtail L	ane	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Boise FEC ID number of contributing federal political committee.	State Zip Code ID 83706-6127 C	Transaction ID: 14812679 Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's Health System Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	1500.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 130 (check only one) X
A C	any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. Joseph Messmer			Date of Receipt
	Mailing Address 1512 12th Avenue Ro	ad		11
	City Nampa	State ID	Zip Code 83686-6008	Transaction ID: 14812680
	FEC ID number of contributing federal political committee.	C	03000-0000	Amount of Each Receipt this Period 500.00
	Name of Employer Mercy Medical Center	Occupation President	and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
- s.	Full Name (Last, First, Middle Initial) Ms. Sandra B Bruce Mailing Address 1055 North Curtis Roa			Date of Receipt
		au 		11 30 2007
	City Boise	State ID	Zip Code 83706-1352	Transaction ID: 14812681 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00700 1002	500.00
	Name of Employer Saint Alphonsus Regional Medical Cente	Occupation President	and Chief Executive Office	ır
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Jeffrey W Martin			Date of Receipt
	Mailing Address 700 South Main Stree	t		1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 14812682
	Moscow FEC ID number of contributing federal political committee.	C	83843-3056	Amount of Each Receipt this Period 500.00
	Name of Employer Gritman Medical Center	Occupation Chief Exe	cutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph E Morris Mailing Address 2003 Lincoln Way City Coeur D Alene FEC ID number of contributing federal political committee. Name of Employer Kootenai Medical Center	State Zip Code ID 83814-2611 C Occupation Chief Executive Officer	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Victoria A Alexander Mailing Address P O Box 700		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Salmon FEC ID number of contributing federal political committee.	State Zip Code ID 83467-0700 C	Transaction ID: 14812684 Amount of Each Receipt this Period 500.00
Name of Employer Steele Memorial Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Steven A. Millard Mailing Address 615 N. 7th Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eagle	State Zip Code ID 83702-5502	Transaction ID: 14812685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	500.00
Name of Employer Idaho Hospital Association Receipt For: Primary General Other (specify) ▼	President Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·····	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 81 / 130 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Patrick M Hermanson, , FACHE Mailing Address 651 Memorial Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14812686
Pocatello	ID 83201-4071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Portneuf Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Geri Garten		Date of Receipt
Mailing Address HCR 85 Box 289		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14812687
Bonners Ferry FEC ID number of contributing federal political committee.	ID 83805-9612	Amount of Each Receipt this Period 250.00
Name of Employer Boundary Community Hospit- al	Occupation Director of Nursing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Sheryl Rickard		Date of Receipt
Mailing Address Box 1448		1 1 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 14812688
Sandpoint	ID 83864-0877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bonner General Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

TOTAL This Period (last page this line number only)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Hospital Association PAC	tatements may name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. M. M. Ci	onners Ferry EC ID number of contributing deral political committee. ame of Employer oundary Community Hospit- eceipt For: Primary General		Zip Code 83805-7532 Cutive Officer and Chief Fine Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14812689 Amount of Each Receipt this Period 250.00
3. M M: Ci B	Other (specify) Ill Name (Last, First, Middle Initial) s. Gary L. Fletcher ailing Address 1249 Harcourt Drive ity oise EC ID number of contributing deral political committee.	State ID	Zip Code 83702-1839	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>al</u>	ame of Employer t. Luke's Regional Medic- Center eceipt For: Primary General Other (specify)		cutive Officer Year-to-Date ▼ 250.00	
Ci Ci	ull Name (Last, First, Middle Initial) r Tom Legel ailing Address 2003 Lincoln Way ity oeur D' Alene EC ID number of contributing deral political committee.	State ID	Zip Code 83814-2677	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 3 0 2 0 0 7 Transaction ID: 14812691 Amount of Each Receipt this Period 250.00
Na Ko	ame of Employer ootenai Medical Center eceipt For: Primary General		dent and Chief Financial Of Year-to-Date ▼	ff
SUB	Other (specify) TOTAL of Receipts This Page (optional)		250.00	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 130 (check only one) X
Ar	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may no name and addres	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>.</u>	Full Name (Last, First, Middle Initial) Ms. Susan Kunz Mailing Address 120 East Howard Street	et		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14812704
	Driggs FEC ID number of contributing federal political committee.	C	83422-5112	Amount of Each Receipt this Period 250.00
	Name of Employer Teton Valley Hospital and Surgicenter Receipt For: Primary General Other (specify) ▼	Occupation Chief Execu Aggregate Ye	utive Officer ear-to-Date ▼ 250.00]
3.	Full Name (Last, First, Middle Initial) Mr Kenneth L Harman Mailing Address 528 Teton Drive			Date of Receipt 1 1 3 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 14812705
	Burley	ID	83318-2850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1	250.00
	Name of Employer Cassia Regional Medical Center	Occupation Director		
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Terry Sinclair, , M.D. Mailing Address P O Box 3340			Date of Receipt
		0	7: 0 1	11 14 2007
	City Winchester	State VA	Zip Code 22604-1334	Transaction ID: 14822217 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Winchester Medical Center	Occupation Senior Vice	President Medical Staff A	Af
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 130 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr. W Scott Burnett Mailing Address 512 Binford Street		Date of Receipt
		State 7in Code	11 14 2007
	City South Hill	State Zip Code VA 23970-1510	Transaction ID: 14822252 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Community Memorial Health- center	Occupation Chief Executive Officer President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. William W. Semones		Date of Receipt
	Mailing Address 2109 Link Road		11 1 14 2007
	City Lynchburg	State Zip Code VA 24503-3031	Transaction ID: 14822261
	FEC ID number of contributing federal political committee.	VA 24503-3031	Amount of Each Receipt this Period 250.00
	Name of Employer Centra Health	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 ;_	Full Name (Last, First, Middle Initial) Dr. Edward G Murphy, , M.D.		Date of Receipt
	Mailing Address P O Box 13367		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Roanoke	State Zip Code VA 24033-3367	Transaction ID: 14822818
	FEC ID number of contributing federal political committee.	VA 24033-3367	Amount of Each Receipt this Period 250.00
	Name of Employer Carilion Health System	Occupation President and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ.	SURTOTAL of Receipts This Page (optional)		750.00

ITEMIZED	E A (FEC Form 3) RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 130 (check only one)
Any information or for commercia	copied from such Reports a	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OMMITTEE (In Full)	g the hame and add	aress or any political committee to	5 Solicit Contributions from Such Committee.
\	Hospital Association PA	С		
Full Name (La Katie Vaughar	ast, First, Middle Initial) 1			Date of Receipt
Mailing Addre	ess 506 A East Howell	Avenue		M " M / D " D / Y " Y " Y " Y
City		State	Zip Code	Transaction ID: PR1034595119794
<u>Alexandria</u>		VA	22301	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		40.00
Name of Emp American Ho tion-Washing	oloyer spital Associa-	Occupation Associate	n e Director	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	y General specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (La Ms. Melinda R	ast, First, Middle Initial) leid Hatton			Date of Receipt
Mailing Addre	ess 325 Seventh Street Suite 700			M M / D D / Y Y Y Y
City	_	State	Zip Code	Transaction ID: PR1045726219794
Washington		DC	20004-2818	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		100.00
Name of Emp American Ho	oloyer spital Associa-	Occupation	n ief Washington Counsel	
tion-Washing Receipt For:	<u>t </u>	- ' '	e Year-to-Date	\dashv
Primary	General General ▼	7 iggi ogalo	900.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (La	ast, First, Middle Initial)			Date of Receipt
Mailing Addre		t, NW		M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR1113464219794
<u>Washington</u>		DC	20004-2818	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		25.00
Name of Emp	oloyer spital Associa-	Occupation		
tion-Washing Receipt For:	<u>t</u>	Section [_
Primary	General	Aggregate	e Year-to-Date	P/R Deduction (\$12.50 Bi-
-	specify)	0 0	237.50	Weekly)
CURTOTAL of	Receipts This Page (optiona	20)		165.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Ai	ny information copied from such Reports and Story commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal		Date of Receipt
	Mailing Address 325 Seventh Street, N	W	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR1125613619794
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Davon Gray	L	Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	M " M / D " D / Y " Y " Y " Y
	City	State Zip Code	Transaction ID: PR1143013019794
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21.74
	Name of Employer American Hospital Associa-	Occupation Legislative Assistant	
	tion-Washingt Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼		P/R Deduction (\$10.86 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Michelle Marie Mathy	I	Date of Receipt
	Mailing Address 1660 Lanier Place NW Apt. 309	,	M M / D D / Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1300853719794
	Washington	DC 20009-2947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.84
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager/PAC Coo	rdinator
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$10.34 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional) .	L	82.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 130 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	0		
Full Name (Last, First, Middle Initial) Ms. Emily Claire Francis			Date of Receipt
Mailing Address 1200 North Veitch S Apt. 1023	Street		M M / D D / Y Y Y Y
City Arlington	State VA	Zip Code 22201-5818	Transaction ID: PR1315883919794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project M		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.88	P/R Deduction (\$9.62 Bi-W-eekly)
Full Name (Last, First, Middle Initial) Mr. Alex White, Jr. Mailing Address One North Franklin			Date of Receipt
City	State	Zip Code	Transaction ID: PR1339349919794
<u>Chicago</u>	IL	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer American Hospital Associa- tion	Occupation Account	n Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1380.00	P/R Deduction (\$60.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Frances Margolin			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1347702719794
Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 50.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	- ' '	sident, Operatinos HRET	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Bi- Weekly)
			189.24

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16	
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u>/</u>	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt	
	Mailing Address One North Franklin		M M / D D / Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1347703419794	
	Chicago	IL 60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	26.32	
	Name of Employer American Hospital Associa-	Occupation VP, Operations and Account Services		
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	5	
	Primary General Other (specify) ▼	223.72	P/R Deduction (\$13.12 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt	
	Mailing Address One North Franklin		M " M / D " D / Y " Y " Y " Y	
	City	State Zip Code	Transaction ID: PR1347703619794	
	Chicago	IL 60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO		
	Receipt For:	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	450.00	P/R Deduction (\$25.00 Bi- Weekly)	
	Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt	
	Mailing Address One North Franklin		M M / D D / Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1347791019794	
	Chicago	IL 60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	26.32	
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 223.72	P/R Deduction (\$13.12 Bi- Weekly)	
	HIPTOTAL of Descripts This Descriptionally		102.64	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S	Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR327629119794
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Federal Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$10.00 Bi-
Other (specify) ▼	990.00	Weekly)
Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson		Date of Receipt
Mailing Address 107 East Lane		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR327727319794
Lake Barrington	IL 60010-1939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMGs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner		Date of Receipt
Mailing Address 11004 Petersborough		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR327745919794
Rockville	MD 20852-3249	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer American Hospital Associa-	Occupation	
tion-Washingt	Director, Grassroots Advocacy	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D D . I . I
Other (specify)	900.00	P/R Deduction (\$50.00 Bi- Weekly)
CURTOTAL of Pagainta This Paga (antional)		290.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 130 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may he name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Mr. Michael P. McCue			Date of Receipt		
Mailing Address 122 N. Greenwood A	lve.		M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR327771619794		
Park Ridge FEC ID number of contributing federal political committee.	C	60068-3227	Amount of Each Receipt this Period 26.32		
Name of Employer American Hospital Associa- tion-Chicago	Occupatio Senior S	n taff Specialist			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 223.72	P/R Deduction (\$13.12 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik Mailing Address One North Franklin			Date of Receipt		
- One Notiff Fankiii					
City	State	Zip Code	Transaction ID: PR327777219794		
Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 25.00		
Name of Employer American Hospital Associa- tion-Chicago	_ ' ' _ '	Long-Term Care			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Bi- Weekly)		
Full Name (Last, First, Middle Initial) Ms. Debra J. Stock	l		Date of Receipt		
Mailing Address One North Franklin			M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR327777819794		
Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Name of Employer American Hospital Associa- tion-Chicago Receipt For:		sident, Member Relations			
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi- Weekly)		
SUBTOTAL of Receipts This Page (optional)			71.32		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S	Statements may e name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801719794
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa-	Occupatio	n e Vice President	
	tion-Washingt Receipt For:	, '	e Year-to-Date ▼	-
	Primary General Other (specify) ▼	7.991.094.0	450.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812019794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Organization of Nurse Executi	Occupatio Executive	n e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1135.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin St	reet		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327846219794
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer American Hospital Associa- tion-Chicago	1 '	sident, Meetings & Travel Ser	v
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		230.88	P/R Deduction (\$9.50 Bi-W-eekly)
_	SUBTOTAL of Receipts This Page (optional)	1		149.24

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 1
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt
	Mailing Address 2401 Calvert Street, N Apt. 1008		M M / D D / Y Y Y Y
	City Washington	State Zip Code DC 20008-2614	Transaction ID: PR327851919794
	FEC ID number of contributing federal political committee.	DC 20008-2614	Amount of Each Receipt this Period 50.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General	Occupation Director, Policy Development Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	430.00	Weekly)
	Mr. Mark Seklecki Mailing Address 325 Seventh Street, NV Suite 700	W	Date of Receipt
	City	State Zip Code	Transaction ID: PR327858019794
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Director, AHAPAC	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR327877819794
	Millis	MA 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	86.98
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 913.29	P/R Deduction (\$43.22 Bi-Weekly)
SI	JBTOTAL of Receipts This Page (optional)		216.98

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any int	formation copied from such Reports and S commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	ME OF COMMITTEE (In Full) nerican Hospital Association PAC			
	I Name (Last, First, Middle Initial) George F. Bergstrom			Date of Receipt
	iling Address One North Franklin			M M / D D / Y Y Y Y Y
City	y	State	Zip Code	Transaction ID: PR327895719794
-	nicago	IL	60606-3436	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		50.00
Nar Am	me of Employer nerican Hospital Associa-	Occupation Vice Pres		7
	n-Chicago ceipt For:		Year-to-Date V	
	Primary General	Aggregate	rear-to-Date V	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	0 0	450.00	Weekly)
	I Name (Last, First, Middle Initial) James Henderson			Date of Receipt
Mai	iling Address One North Franklin St	reet		M M / D D / Y Y Y Y
City	у	State	Zip Code	Transaction ID: PR328094119794
<u>Ch</u>	nicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		25.00
Nar Am	me of Employer nerican Hospital Associa-	Occupation	n orate Counsel	
	n-Chicago ceipt For:	 	Year-to-Date	
	Primary General Other (specify) ▼	Aggregate	225.00	P/R Deduction (\$12.50 Bi- Weekly)
	I Name (Last, First, Middle Initial) Richard J Umbdenstock	<u> </u>		Date of Receipt
	iling Address 325 Seventh Street, N Suite 700	IW		M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR328132819794
Wa	ashington	DC	20004-2818	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		90.00
Am	me of Employer nerican Hospital Associa- n-Washingt	Occupation Presiden		
Red	ceipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		990.00	P/R Deduction (\$45.00 Bi- Weekly)
	OTAL of Receipts This Page (optional)	1		165.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
_	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 South 7th Avenue		M " M / D " D / Y " Y " Y " Y
	City La Grange	State Zip Code IL 60525-6406	Transaction ID: PR328136919794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)	Occupation Sr. Vice President, Member Relation Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne		Date of Receipt
	City Chicago	State Zip Code IL 60640-1318	Transaction ID: PR328223819794
	FEC ID number of contributing federal political committee.	C 00040-1316	Amount of Each Receipt this Period 50.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
	Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR328224919794
	Silver Spring	MD 20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Sr. Vice President	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Bi-Weekly)
	CURTOTAL of Passints This Page (entianel)		250.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
I 1	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
-	Mailing Address 325 Seventh Street, NN Suite 700	W		M M / D D / Y Y Y Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR328260919794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify)		e Vice President Year-to-Date 960.00	P/R Deduction (\$40.00 Bi-Weekly)
-	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade Mailing Address 1221 Cavalier Road	0 0		Date of Receipt
-	City	State	Zip Code	Transaction ID: PR328310419794
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice F	n President, Communications	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
Ī	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312719794
-	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Washingt		ce President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Bi- Weekly)
CI	JBTOTAL of Receipts This Page (optional)	1		280.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or fo	information copied from such Reports and Sor commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
I 1	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
_	Mailing Address 325 Seventh Street, NV Suite 700			M " M / D " D / Y " Y " Y " Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR328341819794 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		80.00
<u>t</u>	Name of Employer American Hospital Associa- ion-Washingt Receipt For: Primary General Other (specify)		n Political Action & Grassroot e Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi-Weekly)
1	Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero			Date of Receipt
_	Mailing Address 325 Seventh Street, NV Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328490119794
F	Washington FEC ID number of contributing ederal political committee.	C	20004-2818	Amount of Each Receipt this Period 21.74
N /	Name of Employer American Hospital Associa- ion-Washingt	Occupatio Sr. Asso	n ciate Director	
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 228.27	P/R Deduction (\$10.86 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
_	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
(Dity	State	Zip Code	Transaction ID: PR328511819794
_	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		95.20
<i>t</i>	Name of Employer American Hospital Associa- ion-Chicago Receipt For:	, ' 	n Executive e Year-to-Date ▼	
,	Primary General Other (specify) ▼	Aggregate	1142.40	P/R Deduction (\$47.60 Bi- Weekly)
	BTOTAL of Receipts This Page (optional)			196.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 130 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
. -	Mailing Address 909 N. Madison St.		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR328512019794
	Arlington	VA 22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Media Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey	<u> </u>	Date of Receipt
	Mailing Address One North Franklin St	reet	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR329013419794
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Psychiatric and Substance	Ab
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00	P/R Deduction (\$25.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR329071319794
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & COO, Leadership & Busi	iness
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	P/R Deduction (\$50.00 Bi- Weekly)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
0	for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
_	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	M " M
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR329084419794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	43.48
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify)	Occupation Senior Associate Director Executive E Aggregate Year-to-Date 456.54	P/R Deduction (\$21.72 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese Mailing Address 500 Interstate Bouleva	ard South	Date of Receipt
	City	State Zip Code	Transaction ID: PR329215719794
	Nashville	TN 37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John Evans		Date of Receipt
	Mailing Address One North Franklin St	reet	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR329342619794
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period 25.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation CFO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .		168.48

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 130 (check only one) X
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any personant and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		
\rangle	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris		Date of Receipt
	Mailing Address 1136 W. Farwel Unit 1W		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR329654219794
	Chicago	IL 60626-3861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer American Hospital Associa-	Occupation Executive Director, ASDVS	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		P/R Deduction (\$12.50 Bi-
	Other (specify) ▼	225.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman	1	Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR330343319794
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa-	Occupation	
	tion-Chicago	Executive Services Director	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	240.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt	1	Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR330411619794
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing		50.00
	federal political committee.	C	50.00
	Name of Employer American Hospital Associa-	Occupation Associate Regional Executive	
	tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	\dashv
	Primary General		P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	450.00	Weekly)
			95.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or f	y information copied from such Reports and S or commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle We	est		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475419794
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupatio		
	tion-Chicago Receipt For:	, ' 	Executive e Year-to-Date	
	Primary General	Aggregate		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		960.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534319794
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa-	Occupatio	n	
	tion-Washingt	1	ciate Director	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		450.00	P/R Deduction (\$25.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Unit 2303	Drive		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547719794
	Chicago	IL	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Vice Pres	n sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$20.00 Bi- Weekly)
	JBTOTAL of Receipts This Page (optional)			170.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only onle)
A	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
	American Hospital Association PAC		
_	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address One North Franklin		M " M / D " D / Y " Y " Y " Y
	City	State Zip Code	Transaction ID: PR330549219794
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relatio	ns
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.0	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR330776119794
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21.72
	Name of Employer American Hospital Associa- tion-Washingt	Occupation V.P., Advocacy & Member Com	munications
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.0	P/R Deduction (\$21.74 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.		Date of Receipt
	Mailing Address 1101 N. Kentucky Street	et	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR331278819794
	Arlington	VA 22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31.26
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, State Issues Forum	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 218.8	P/R Deduction (\$15.55 Bi-Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		92.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 130 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
Mailing Address 26 West Glendale Ave		M M / D D / Y Y Y Y
City Alexandria	State Zip Code VA 22301-2402	Transaction ID: PR331304219794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.48
Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Director Advocacy and Public Policy (Aggregate Year-to-Date 461.74	P/R Deduction (\$19.02 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb Mailing Address 325 Seventh Street, N	W	Date of Receipt
Suite 700 City	State Zip Code	Transaction ID: PR331379119794
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer American Organization of Nurse Executi	Occupation Director, Federal Relations & Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	M " M / D " D / Y " Y " Y " Y
City	State Zip Code	Transaction ID: PR331386919794
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 25.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Associate Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Bi- Weekly)
SURTOTAL of Receipts This Page (entional)		88.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.		Date of Receipt
Mailing Address PO Box 15587		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR331416019794
<u>Austin</u>	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1437.69	P/R Deduction (\$62.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
Mailing Address 521 Great Falls Stre	et	M * M / D * D / Y * Y * Y * Y
City	State Zip Code	Transaction ID: PR331533219794
Falls Church	VA 22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	960.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR346168119794
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer American Hospital Associa-	Occupation Executive Director, ASHRM	
tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	458.26	P/R Deduction (\$20.91 Bi- Weekly)
		241.66
SUBTOTAL of Receipts This Page (optional)		241.00
TOTAL This Period (last page this line numb	er only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	se separate schedule(s) reach category of the stailed Summary Page	FOR LINE NUMBER: PAGE 104 / 130 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y
	City		Zip Code	Transaction ID: PR517619719794
	Washington	DC :	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.40
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Directo	or Executive Branch Rel	at
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify)		921.60	P/R Deduction (\$39.20 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
	Mailing Address 606 South Royal Stree	t		M * M / D * D / Y * Y * Y * Y
	City	State 2	Zip Code	Transaction ID: PR766023719794
	Alexandria	VA :	22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associ	ate Director, Policy	
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼		423.26	P/R Deduction (\$57.50 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		M " M / D " D / Y " Y " Y " Y
	City		Zip Code	Transaction ID: PR876637219794
	Washington	DC :	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associ	ate Director	
	Receipt For:	Aggregate Year	-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	l		136.88

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В.

PAGE 105 / 130 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 Zip Code City State Transaction ID: PR936292319794 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 20.00 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation **Director of Operations** Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$10.00 Bi-240.00 Other (specify) Weekly) Full Name (Last, First, Middle Initial) Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street City State Zip Code Transaction ID: PR939603919794 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer American Organization of Occupation Director of Operations Nurse Executi Receipt For: Aggregate Year-to-Date ▼ Primary General

225.00

SUBTOTAL of Receipts This Page (optional)	•	45.00
TOTAL This Period (last page this line number only)	•	96312.03

Other (specify)

P/R Deduction (\$12.50 Bi-

Weekly)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 130 (check only one) 11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 78761-5587 C C00301325 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M C D D C 2007 Transaction ID: 14724054 Amount of Each Receipt this Period 15000.00
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00237495 Occupation Aggregate Year-to-Date ▼ 156000.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 0 9 2 0 0 7 Transaction ID: 14729700 Amount of Each Receipt this Period 20000.00
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12144 C C00160259 Occupation Aggregate Year-to-Date 130000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14730341 Amount of Each Receipt this Period 30000.00
SUBTOTAL of Receipts This Page (optional)		65000.00
TOTAL This Period (last page this line number of	only)	65000.00

SCHEDULE A (F	FC Form 3X)		FOR LINE NUMBER: P	AGE 107 / 130
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11 13 14 15	
Any information copied fro or for commercial purpose	m such Reports and Statements may s, other than using the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting of solicitic contributions from such	contributions committee.
NAME OF COMMITTE	E (In Full)			
American Hospital	Association PAC			
Full Name (Last, First, Citibank, F.S.B.	Middle Initial)		Date of Receipt	
Mailing Address 140	0 G Street, NW		11 30	2007
City	State	Zip Code	Transaction ID: 14820	722
Washington	DC	20005	Amount of Each Receipt	this Period
FEC ID number of cont federal political committee				429.06
Name of Employer	Occupation	1		
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 3873.71	Interest	

SUBTOTAL of Receipts This Page (optional)	>	429.06
TOTAL This Period (last page this line number only)	•	429.06

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				E NUMBER: PAGE 108 / 130					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check o X 21b 27	22 28a	23 28b	24 28c	25		26 30b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name of COMMITTEE (I.E. III)										
NAME OF COMMITTEE (In Full) American Hospital Association PAC										
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 14820717 Date of Disbursement							
Mailing Address Ste. 001										
City Chicago	State Zip Code IL 60679			Amou	nt of Each	Disburse		-	od	
Purpose of Disbursement Merchant Fees			001		-			4.50		
Candidate Name		Cat	egory/ ype							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		<u> </u>	Merch	ant Fee	5				
Full Name (Last, First, Middle Initial)				Trans	action ID	: 148207	'19			
American Express			Date o	Date of Disbursement						
Mailing Address Ste. 001			M M / D D / Y Y Y O Y Y							
City Chicago	State Zip Code IL 60679			Amou	nt of Each	n Disburse	ement th	nis Peri	od	
Purpose of Disbursement Merchant Fees 001			T L.			49	9.42			
Candidate Name		Cat	egory/ ype							
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)			Merch	ant Fee	6				
Full Name (Last, First, Middle Initial)				Trans	action ID	: 148207	20			
Merchant Bankcard				of Disburs		/ · · ·	V			
Mailing Address 1601 Elm Street				111	""] / ["(5 /	20	ŏ 7 [°]		
City Dallas	State Zip Code TX 75201			Amou	nt of Each	Disburse		-	od	
Purpose of Disbursement Merchant Fees			001				80	0.03		
Candidate Name		Cat	egory/ ype							
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)			Merch	ant Fee	6				
State: District:										
SUBTOTAL of Disbursements This Page (optional)			▶				133	3.95		

TOTAL This Period (last page this line number only)

В.

Senate

District:

President

age# 28930187603			
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	NUMBER: PAGE 109 / 130 y one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person f	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	, , ,		
Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street			Transaction ID: 14820721 Date of Disbursement
•	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/ Type	141.77
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		Merchant Fees
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Transaction ID: 14823171 Date of Disbursement M
	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee Candidate Name		001 Category/ Type	85.70
• H	ment For:		Bank Fee

General

SUBTOTAL of Disbursements This Page (optional)	•	227.47
TOTAL This Period (last page this line number only)		361.42

Primary

Other (specify)

State:

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C.

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		PA	AGE	110	/ 130
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	Á	22 28a	Х	23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Statem													3
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and addres	ss of any political	com	111	iittee to s	SOIIC	it contr	ibuti	ons ire	om such (comi	nittee	
American Hospital Association PAC													
<u> </u>													
Full Name (Last, First, Middle Initial) Robert Wexler For Congress Committee							Date of	of Di	sburse		17		
Mailing Address Post Office Box 810669							1 1	М	0	5 /	Ž	o ŏ	7 ^Y
,	State FL	Zip Code 33431					Amou	nt of	f Each	Disburse	men	t this I	Period
Purpose of Disbursement Contribution			Г	Q	11		L.	_			1	0.000	0
Candidate Name Rep. Robert Wexler					egory/ ype								
Senate X President	ment For: Primary Other (spe	2008 General					Contri	ibut	ion				
State: FL District: 19													
Full Name (Last, First, Middle Initial) John Lewis For Congress							Date	of Di	sburse				_
Mailing Address 2015 Wallace Rd.							1 1	М	0	5 /	Ž	0 ŏ 7	7 ^Y
,	State GA	Zip Code 30331					Amou	nt of	f Each	Disburse	emen	t this I	Period
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Candidate Name Rep. John Lewis					egory/ ype								
Senate X President	ment For: Primary Other (spe	2008 General					Contri	ibut	ion				
State: GA District: 05													
Full Name (Last, First, Middle Initial) Berman For Congress							Date of	of Di	sburse				
Mailing Address 6380 Wilshire Blvd. #161	2						1 1	М	0	5 /	Ž	0 ŏ 7	7 ^Y
,	State CA	Zip Code 90048					Amou	nt of	f Each	Disburse	men	t this I	Period
Purpose of Disbursement Contribution				0	11						2	0.000	0
Candidate Name Rep. Howard L. Berman					egory/ ype								
Senate X President	ment For: Primary Other (spe	2008 General					Contri	ibut	ion				
State: CA District: 28													
SUBTOTAL of Disbursements This Page (optional) .					. •						40	0.00	0

TOTAL This Period (last page this line number only)

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CHEDULE B (FEC Form 3X)	Use separate schedule(s	s)	_		NUN ly one		l:		PAC	GE 111	/ 130)
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y Information copied from such Reports and Statem												
for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any pointe	ai Com	IIIIIII	2 10 50	Silcit C	OHUIL	JULIONS II	OIII SI	201100	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
American Hospital Association PAC												
Full Name (Last, First, Middle Initial)					Tr	ansa	ction ID	: 147	 '4530	16		
TOMPAC-Together for Our Majority PAC					Da	ate of	Disburs	emen		- V	V	
Mailing Address P.O. Box 16488						м м I 1] / [] (5 5	/ L	200	7 '	
,	State Zip Code				Aı	noun	t of Each	n Disb	ursen	nent this	Perio	od
Arlington	VA 22215				Г					1500.0	1 0	
Purpose of Disbursement 2007 Contribution			011			-		-		1300.	30	_
Candidate Name		Ca	ategor Type	y/								
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	-			20	07 C	Contribu	ition				
Full Name (Last, First, Middle Initial)					Tr	ansa	ction ID	: 147	 '4531	3		
Jo Bonner For Congress Committee							Disburs			Ū		
Mailing Address P.O. Box 851232					1	м м I 1	/ D	5 5	/ Y	žoŏ	7 ^Y	
City	State Zip Code				Aı	moun	t of Each	n Disb	ursen	nent this	Perio	
Mobile	AL 36685	_							-			
Purpose of Disbursement Contribution		_	011		L	-			_	1000.0	J0	_
Candidate Name Rep. Jo Bonner			ategor Type	y/								
Senate X President	ement For: 2008 Primary General Other (specify)	-1	,,		Co	ntrib	oution					
State: AL District: 01												
Full Name (Last, First, Middle Initial) Turner For Congress					D	ate of	ction ID Disburs	emen				
Mailing Address 131 N. Ludlow Street Sui	ite 317					м м I 1	/ D	5 5	/ L	žoŏ	7	
	State Zip Code				Aı	noun	t of Each	n Disb	ursen	nent this	Perio	d
Dayton	OH 45402	_			Г					1000.0	1 0	
Purpose of Disbursement Contribution			011							1000.	50	_
Candidate Name Rep. Michael R. Turner			ategor Type	y/								
	ement For: 2008 Primary General Other (specify)				Co	ontrib	oution					
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	y Information copied from such Reports and Stater for commercial purposes, other than using the named NAME OF COMMITTEE (In Full)												
\geq	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Tom Feeney For Congress					Trans Date		isburs	emer			Y	Y
	Mailing Address 1420 Alafaya Trail #103					11			5	L	2	0 ŏ 7	
	City Oviedo	State Zip Code FL 32765				Amou	ınt o	f Each	n Disk	ourse	-	this P	-
	Purpose of Disbursement Contribution Candidate Name		_	011 ateg				•	•		10	00.00	0
	Rep. Tom Feeney	ement For: 2008		Тур									
		Primary General Other (specify)				Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc					Trans	of Di	isburs	emer				
	Mailing Address PO Box 2918					м 1 1	М	[/] D	5	/ L	ž	0 ŏ 7	Y
	City Raleigh	State Zip Code NC 27602				Amou	int o	f Each	n Disk	ourse		this P	
	Purpose of Disbursement Contribution Candidate Name Sen. Elizabeth Dole		Ca	011	ory/		•	•	•		10	00.00	U .
	Office Sought: House Disburs	ement For: 2008 Primary General Other (specify)	<u> </u>	Туре	2	Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) The 13th Colony Leadership Committee, I	1				Trans Date	of Di	isburs	emer		· ·		
	Mailing Address PO Box 114					1 1	М	[/] D	5	/ L	ž	0 ŏ 7	Y
	City Savannah	State Zip Code GA 31402				Amou	int o	f Each	n Disk	ourse	-	this P	
	Purpose of Disbursement 2007 Contribution Candidate Name		Ca	011 atego	ory/		•	•	•		10	00.00	0
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c	_	25 29	2 3
	y Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)												
\angle	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 201 N. Union Street					Trans Date		sburs				o ŏ 7	Y
	Suite 350	State Zip Code				Amou	nt of	Each	Disb	urser	ment	this P	eriod
	Alexandria	VA 22314					-	-		-	10	00.00	
	Purpose of Disbursement Contribution Candidate Name		C	01 ateg				•		•	10	00.00	,
	Mark Warner Office Sought: House X Senate President State: VA District:	oursement For: 2008 X Primary General Other (specify)		Тур	e	Contr	ibut	ion					
	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: 147	453 ⁻	16		
	Poe For Congress					Date of				t			
	Mailing Address P.O. Box 14222					1 1	M	[□] C	6	/ L	ž	0 Ď 7	Y
	City Humble	State Zip Code TX 77347				Amou	nt of	Each	Disb	urser		this P	-
	Purpose of Disbursement Contribution Candidate Name Rep. Ted Poe			01 ateg Typ	ory/		•				,10	00.00	,
		oursement For: 2008 X Primary General Other (specify)	-	1 7 P		Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Capuano For Congress Committee					Trans	of Di	sburs	emen		35		
	Mailing Address PO Box 440305					1 1	M	^D 1	2	/ Y	ž (0 ŏ 7	Y
	City Somerville	State Zip Code MA 02144				Amou	nt of	Each	Disb	urser	ment	this P	eriod
	Purpose of Disbursement Contribution			01	1.	L.	-				10	00.00)
	Candidate Name Rep. Michael E. Capuano			ateg Typ									
	Office Sought: X House Senate President State: MA District: 08	oursement For: 2008 X Primary General Other (specify)	1	71-		Contr	ibut	ion					
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SCHEDULE B (FEC Form 3X)	Use sepai	rate schedule(s)			OR LIN		_	R:				PAC	ЭE	114 /	130
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or for commercial purposes, other than using the name	and addres	s of any political	com	ım	ittee to	solic	t conti	ribut	ion	s froi	n suc	h co	mm	nittee	
NAME OF COMMITTEE (In Full) American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazque	z To Cong	re					Trans Date					548	6		
Mailing Address 315 Inspiration Lane							1 1	М	′	^D 1	2 /	Y	ž	0 ŏ 7	, Y
,	State MD	Zip Code 20878					Amou	ınt o	f E	ach [Disbur	sem		-	
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Candidate Name Rep. Nydia M. Velazquez					gory/ pe										
	ment For: Primary Other (spec	2008 General					Contr	ibut	tior	1					
Full Name (Last, First, Middle Initial) Solis For Congress							Trans Date					549	1		
Mailing Address 6380 Wilshire Blvd. #161	2						1 ^M 1	М	/	^D 1	^D /	Y	ž	0 ŏ 7	, Y
,	State CA	Zip Code 90048					Amou	ınt o	f E	ach [Disbur	sem	nent	this F	Period
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Candidate Name Rep. Hilda L. Solis					gory/ pe										
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Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For U.S. Congress							Trans Date	of D		ursei	ment	532	9		
Mailing Address 3729 Silsby Rd							1 1	М	′	^D 1	2 /	Y	ž	0 ŏ 7	, ^Y
	State OH	Zip Code 44118					Amou	ınt o	f E	ach [Disbur	sem	nent	this F	Period
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Candidate Name Rep. Stephanie Tubbs Jones					gory/ pe										
Office Sought: X House Senate President State: OH District: 11	ment For: Primary Other (spec	2008 X General cify) ▼					Contr	ibu	tior	1					
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	y Information copied or commercial purpo														3
Λ	NAME OF COMMIT	ΓΤΕΕ (In Full)													
/	American Hospit	al Association P	AC												
	Full Name (Last, Fir Mike Ferguson fo								1		on ID:		5328		
			_							M /		D /	Υ	ž 0 ŏ 7	7 Y
	Mailing Address	340 North Ave Ste. 6	<u> </u>						-						
	City Cranford			State NJ	Zip Code 07016				Amou	ınt of	Each	Disbu	irseme	nt this F	Perioc
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	Rep. Mike Fergus	x House	Disburse	ment For:	2008		Тур	oe	_						
		Senate President		Primary Other (spe	General				Contr	ibuti	on				
		District: 07													
	Full Name (Last, Fir Judy Biggert For	,									sburse	ement	5325		
	Mailing Address	P.O. Box 637							1 1	M /	1	^D 2	Υ	ž o ŏ 7	7 ^Y
	City Hinsdale			State IL	Zip Code 60522				Amou	ınt of	Each	Disbu		nt this F	
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	Candidate Name Rep. Judy Bigge	rt					ateg Typ	gory/ e							
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	State: IL	oistrict: 13 st, Middle Initial)							Trans	actio	n ID:	1/7/	5474		
	Blumenauer For	Congress							Date	of Dis	sburse	ment			
	Mailing Address	830 NE Hollada	ay Suite 10	05					1 1	M /	1	2 /	Y	ž o ŏ 7	7 ^Y
	City Portland			State OR	Zip Code 97232				Amou	ınt of	Each	Disbu	irseme	nt this F	Perio
	Purpose of Disburse Contribution	ement					01	1	<u>L.</u>		-			500.0	0
	Candidate Name Rep. Earl Blume	nauer					ateg Typ	gory/ be							
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	State: OR	District: 03			- · ·										
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	CHEDULE B (FEC Form 3	Use sepa	arate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 116 / 130
IT _	EMIZED DISBURSEMENT		category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports a for commercial purposes, other than using				
\sum_{i}	NAME OF COMMITTEE (In Full) American Hospital Association PA		os or any pomica		and continuations from each committee
<u> </u>	Full Name (Last, First, Middle Initial) Blumenauer For Congress				Transaction ID: 14745475 Date of Disbursement
	Mailing Address 830 NE Holladay	y Suite 105			1 1 M / D 1 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Portland	State OR	Zip Code 97232		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	500.00
	Candidate Name Rep. Earl Blumenauer	Disbursement For:	2008	Category/ Type	
	Office Sought: X House Senate President State: OR District: 03	Primary Other (spe	X General		Contribution
	Full Name (Last, First, Middle Initial) Schiff For Congress				Transaction ID: 14745490 Date of Disbursement
	Mailing Address 777 S. Figueroa Suite 4050	St.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Los Angeles	State CA	Zip Code 90017		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Adam B. Schiff			Category/ Type	
	Office Sought: X House Senate President State: CA District: 29	Disbursement For: X Primary Other (spe	2008 General ecify)		Contribution
	Full Name (Last, First, Middle Initial) Boozman For Congress				Transaction ID: 14745476 Date of Disbursement
	Mailing Address PO Box 671				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Rogers	State AR	Zip Code 72757		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. John N. Boozman			Category/ Type	
		Disbursement For:	2008		Contribution
	Office Sought: X House Senate President State: AR District: 03	X Primary Other (spe	General ecify) ▼		

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		First, Middle Initial) sberger For Congre	ess							saction of Disk			173		
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	City Timonium			State MD	Zip Code 21093				Amou	unt of E	ach Di	sburse			-
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		ch Ruppersberger	Disburser	ment For:	2008		atego Type	-	-						
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	, ,	District: 02 First, Middle Initial) America's Leaders	- DAC							saction			321		
	Mailing Address	1155 21st Stre								of Disk	ursem 1 2		ž	0 ŏ 7	Y
	City Washington	Suite 300		State DC	Zip Code 20036				Amou	unt of E	ach Di	sburse	ement	this Pe	eriod
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	,	First, Middle Initial) Elect Artur Davis	To Congre	ss						saction of Disk	ursem	ent	184		
	Mailing Address	Post Office Box	x 1845						1 1	M /	12	/	ž	0 ŏ 7	Y
	City Birmingham			State AL	Zip Code 35201				Amou	unt of E	ach Di	sburse			-
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n											3
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
•	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall Mailing Address 586 Orange Street					Date		sburse			žoŏ,	7 ^Y
	City	State Zip Code				Amou	ınt of	Each	Disb	urseme	ent this I	Period
	Macon Purpose of Disbursement Contribution	GA 31201	-	01							1000.0	0
	Candidate Name Rep. Jim Marshall	9999		ateo Typ	gory/ pe							
	Office Sought: X House Senate President State: GA District: 08	rsement For: 2008 X Primary General Other (specify) ▼				Contr	ibuti	ion				
	Full Name (Last, First, Middle Initial) Price For Congress							on ID:		45494 t		
	Mailing Address P.O. Box 425					1 1	M /	^D 1	2	Y	ž 0 ŏ 7	7 ^Y
	City Roswell	State Zip Code GA 30077				Amou	ınt of	Each	Disb		ent this I	
	Purpose of Disbursement Contribution Candidate Name Rep. Thomas E. Price, M.D.		C	01 ateg Typ	gory/					•	1500.0	10
		x Primary General Other (specify) ▼	ļ	' У		Contr	ibuti	ion				
	Full Name (Last, First, Middle Initial) Price For Congress					Date	of Di	sburse	ement			
	Mailing Address P.O. Box 425					1 1	M /	^D 1	2	Y L.	ž 0 ŏ 7	7
	City Roswell	State Zip Code GA 30077				Amou	ınt of	Each	Disb	urseme	ent this I	
	Purpose of Disbursement Contribution Candidate Name		_	01 ateg	1 gory/						500.0	U
	Rep. Thomas E. Price, M.D. Office Sought: X House Senate President State: GA District: 06	rrsement For: 2008 Primary X General Other (specify) ▼		Тур		Contr	ibuti	ion				
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	ny Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)											
V	American Hospital Association PAC											
	Stephanie Herseth Sandlin for South Dako Mailing Address PO Box 2009	ita				Trans Date of		sburse			32 Ž 0 Ŏ	7 ^Y
	City Sioux Falls	State Zip Code SD 57101				Amou	nt of	Each	Disb	ursen	nent this	Period
	Purpose of Disbursement Contribution Candidate Name		Ca	011 atego	ory/	L.	•				1000	.00
	0 1	ement For: 2008 Primary General Other (specify)		Гуре	9	Contri	ibuti	on				
	Full Name (Last, First, Middle Initial) To Organize a Majority PAC Mailing Address PO Box 752					Trans Date of		sburse			20 Ž 0 Ŏ	7 ^Y
	City Des Moines Purpose of Disbursement 2007 Contribution	State Zip Code IA 50303		011		Amou	nt of	Each	Disb	ursen	nent this	
	Candidate Name Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	Са	tego Type	ory/	2007	Con	tribut	tion			
	Full Name (Last, First, Middle Initial) Billirakis For Congress					Trans Date o		sburse	emen			V
	Mailing Address 610 S. Boulevard					1 1	,	1	2		žoŏ	7
	City Tampa	State Zip Code FL 33606				Amou	nt of	Each	Disb	ursen	nent this	Period
	Purpose of Disbursement Contribution			011		L.	•				1000	.00
	Candidate Name Mr. Gus Bilirakis			tego Type								
	9 7	ement For: 2008 Primary General Other (specify)				Contri	ibuti	on				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the					INE NUMBER: PAGE 120 / 130 only one)								
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Bob Casey for Senate Committee									on ID: sburse	147454 ement	92			
Mailing Address 607 14th Street NW #800							1 ^M 1	M	1	2 /	2	o ŏ	7 ^Y	
City Washington	State DC	Zip Code 20005					Amou	nt of	f Each	Disburse	emen	t this I	Period	
Purpose of Disbursement 2012 Contribution			Г	0	11		L.				2	000.0	0	
Candidate Name Mr. Bob Casey					egory/ ype									
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State: PA District: Full Name (Last, First, Middle Initial)							Trana	ooti	on ID:	147454	01			
David Davis Victory Fund							Date		sburse	ement		, · · · ·	V	
Mailing Address 2016 Northwood Drive							1 1		1	2 /	2	o ŏ	7 '	
City Johnson City	State TN	Zip Code 37601					Amou	nt of	f Each	Disburse	emen	t this I	Period	
Purpose of Disbursement Contribution				0	11		L.	_			_1	0.00.0	0	
Candidate Name Mr. David Davis					egory/ ype									
Senate X President	ement For: Primary Other (spe	2008 General					Contri	ibut	ion					
State: TN District: 01														
Full Name (Last, First, Middle Initial) Arcuri For Congress							Date of	of Di	sburse					
Mailing Address P.O. Box 8508							1 1	M	1	2 /	2	o ŏ	7 ^Y	
City Utica	State NY	Zip Code 13505					Amou	nt of	f Each	Disburse	emer	t this	Period	
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Candidate Name Mr. Michael Arcuri					egory/ ype									
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State: NY District: 24														
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a		23 28b	24 28	С	25 29	
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$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	and and address of any pointed										
<u>'</u>	Full Name (Last, First, Middle Initial) Dirigo PAC					Trans Date			14757 ment	7516		
	Mailing Address P.O. Box 1355					1 1	M /	^D 1	4 /	Y	0 0 7	, ^Y
	City Alexandria	State Zip Code VA 22313				Amou	ınt of	Each	Disbur		nt this F	
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	Full Name (Last, First, Middle Initial) Keep Nick Rahall In Congress Committee	ee				Date		burse			Y _ Y _	Y
	Mailing Address P O Box 64					1 1		1	9 /	2	0 ŏ 7	
	City Beckley	State Zip Code WV 25802				Amou	int of	Each	Disbur	semer	nt this F	Perio
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	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee					Date	of Dis	burse				
	Mailing Address P.O. Box 2008					1 1	М /	^D 1	9 /	Ý	0 ŏ 7	, ^Y
	City Murfreesboro	State Zip Code TN 37133				Amou	int of	Each	Disbur		nt this F	
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		First, Middle Initial) Bart Gordon Com	ımittee						nsaction II e of Disbur		488		
	Mailing Address	P.O. Box 2008	}					1	M / D	19	Ý Ž (0 ŏ 7	Y
	City Murfreesboro			State TN	Zip Code 37133			Amo	ount of Eac	h Disburs			
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	Full Name (Last, Citizens For B	First, Middle Initial) unning	•						nsaction II e of Disbur	sement	439		
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	City Ft Wright			State KY	Zip Code 41011			Amo	ount of Eac	h Disburs			-
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	Candidate Name Sen. Jim Bunr	ning	Dielerme	mont [0010		tegory/ Type						
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	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the name		
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee Mailing Address Post Office Box 2145		Transaction ID: 14757473 Date of Disbursement 111
	City West Columbia	State Zip Code SC 29171	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	011 Catego	1000.00
	9 12	ement For: 2008 Primary General Other (specify)	Contribution
	Full Name (Last, First, Middle Initial) Gingrey For Congress Mailing Address PO Box U		Transaction ID: 14757492 Date of Disbursement 111
	City Marietta Purpose of Disbursement Contribution	State Zip Code GA 30060	Amount of Each Disbursement this Period 1000.00
	, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2008 Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc		Transaction ID: 14757489 Date of Disbursement 11 1 9 2 0 0 7
	Mailing Address PO Box 2918 City Delaigh	State Zip Code NC 27602	Amount of Each Disbursement this Period
	Raleigh Purpose of Disbursement Contribution	011	1000.00
	Candidate Name Sen. Elizabeth Dole Office Sought: House Disburs	Catego Type ement For: 2008	
		Primary General Other (specify) ▼	Contribution
	UBTOTAL of Disbursements This Page (optional)		3000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22
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NAME OF COMMITTEE (In Full)	and address of any political d	committee to soi	ilcit contributions from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 14757490
Elizabeth Dole Committee Inc			Date of Disbursement
Mailing Address PO Box 2918			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
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Raleigh Purpose of Disbursement	NC 27602		4000.00
Contribution		011	
Candidate Name Sen. Elizabeth Dole		Category/ Type	
X Senate President	ment For: 2008 Primary X General Other (specify)		Contribution
State: NC District:			
Full Name (Last, First, Middle Initial) Geoff Davis For Congress			Transaction ID: 14757499 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} \end{bmatrix}$
•	State Zip Code KY 41018		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Geoffrey Davis		Category/ Type	
Office Sought: X House Senate President State: KY District: 04	ment For: 2008 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) James Webb For Senate			Transaction ID: 14757432 Date of Disbursement
Mailing Address PO Box 17427			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix} $
	State Zip Code VA 22216		Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Contribution		011	1000.00
Candidate Name Mr. James Webb		Category/ Type	
v H -	ment For: 2012 Primary General Other (specify)		2012 Contribution
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	;	<u>`</u> 2	1b	22 28a	X 2	3 8b	24 280	;	25 29	2
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)											
\backslash	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Friends of John Barrasso Mailing Address 6896 Casper Mountain I	Dood				Transa Date o		ursen			0 0 7	Y
	City Caster	State Zip Code WY 82601				Amour	nt of E	ach L	osburs	-	t this P	-
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	Mailing Address 300 North Main Street							' '			007	_
	City Bowling Green Purpose of Disbursement	State Zip Code OH 43402	T			Amour	nt of E	Each D	isburs		t this P 500.00	
	Contribution Candidate Name Bob Latta		Ca	011 ategory Type	y/							
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	Senate President	Other (specify) ▼				Transa Date o	f Disb	ourser	nent			
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	Senate President State: OH District: 05 Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Other (specify) ▼				Date o	f Disb	oursen	nent	Y Ž	0 0 7	
	Senate President State: OH District: 05 Full Name (Last, First, Middle Initial) Rob Wittman For Congress Mailing Address PO Box 999 City	Other (specify) ▼ Special General State Zip Code		011		Date o	f Disb	oursen	nent	Y 2		erioc
	Senate President State: OH District: 05 Full Name (Last, First, Middle Initial) Rob Wittman For Congress Mailing Address PO Box 999 City Montross Purpose of Disbursement	Other (specify) ▼ Special General State Zip Code	Ca	ategor	y/	Date o	f Disb	oursen	nent	Y 2	t this P	erioc
	Senate President President State: OH District: 05 Full Name (Last, First, Middle Initial) Rob Wittman For Congress Mailing Address PO Box 999 City Montross Purpose of Disbursement Contribution Candidate Name Mr. Rob Wittman Office Sought: X House Senate President	Other (specify) ▼ Special General State Zip Code	Ca		y/	Date o	f Disb	1 S	nent	Y 2	t this P	erioc

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	EMIZED DISBURSEM		each category of t ailed Summary Pa	ine 🖳	only one) 22 X 23 24 25 28 28c 29
					on for the purpose of soliciting contributions solicit contributions from such committee
\ \	NAME OF COMMITTEE (In Full)	using the name and a	address of any po	milical committee ic	Solicit contributions from Such committee
\rangle	American Hospital Association	n PAC			
	Full Name (Last, First, Middle Initial Earl Pomeroy For Congress	d)			Transaction ID: 14800707 Date of Disbursement
	Mailing Address P.O. Box 93	336			1 1 M / D 2 7 / Y 2 0 0 7 Y
	City Fargo	State ND	Zip Code 58106		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Earl Pomeroy			Category/ Type	
	Office Sought: X House Senate President	Disbursement F X Prima Other		eral	Contribution
	State: ND District: 01				
	Full Name (Last, First, Middle Initia Lot Of People For Dave Obey	•			Transaction ID: 14800704 Date of Disbursement
	Mailing Address 525 Washir	ngton St			111 27 7 2007
	City Wausau	State WI	Zip Code 54402		Amount of Each Disbursement this Perio
	Purpose of Disbursement				1000.00
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	Contribution Candidate Name Rep. David R. Obey			O11 Category/ Type	
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	Contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President State: WI District: 07	Prima Other	ary X Gen	Category/ Type	
	Contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President	Other	ary X Gen	Category/ Type	Transaction ID: 14800751 Date of Disbursement
	Contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President State: WI District: 07 Full Name (Last, First, Middle Initia	Other	ary X Gen	Category/ Type	Transaction ID: 14800751
	Contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President State: WI District: 07 Full Name (Last, First, Middle Initial Davis For Congress/Friends (Other	ary X Gen	Category/ Type	Transaction ID: 14800751 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Contribution Candidate Name Rep. David R. Obey Office Sought: Senate President State: WI District: 07 Full Name (Last, First, Middle Initial Davis For Congress/Friends Contribution City Chicago Purpose of Disbursement Contribution	Prima Other	ary X Gen r (specify) ▼	Category/ Type	Transaction ID: 14800751 Date of Disbursement 111
	Contribution Candidate Name Rep. David R. Obey Office Sought: State: WI District: 07 Full Name (Last, First, Middle Initial Davis For Congress/Friends (Mailing Address 5956 W. Rate City Chicago Purpose of Disbursement	Prima Other	ary X Gen r (specify) ▼	Category/ Type	Transaction ID: 14800751 Date of Disbursement M M M / D D / Y Y Y O Y Y Amount of Each Disbursement this Period
	Contribution Candidate Name Rep. David R. Obey Office Sought: X House Senate President State: WI District: 07 Full Name (Last, First, Middle Initia Davis For Congress/Friends (Contribution) City Chicago Purpose of Disbursement Contribution Candidate Name Rep. Danny K. Davis Office Sought: X House Senate President	Prima Other	ary X Genr (specify) ▼ Zip Code 60644 For: 2008	Category/ Type eral 011 Category/ Type	Transaction ID: 14800751 Date of Disbursement M M M / D D / Y Y Y O Y Y Amount of Each Disbursement this Period
	Contribution Candidate Name Rep. David R. Obey Office Sought: Senate President State: WI District: 07 Full Name (Last, First, Middle Initia Davis For Congress/Friends of Mailing Address City Chicago Purpose of Disbursement Contribution Candidate Name Rep. Danny K. Davis Office Sought: X House Senate	Prima Other	ary X Genr (specify) ▼ Zip Code 60644 For: 2008 ary Gen	Category/ Type eral 011 Category/ Type	Transaction ID: 14800751 Date of Disbursement M M M / D D D / Y Y Y O Y Y Amount of Each Disbursement this Period 2000.00

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/	Full Name (Last, First, Middle Jim Gerlach For Congress	*						Date	of Disk	n ID: 14 oursem	ent	705		
	Mailing Address PO Box	87						1 1	M /	^D 2 7		ž	0 Ď 7	Y
	City Uwchland		State PA	Zip Code 19480				Amou	unt of E	ach Di	sburse	ement	this P	'erio
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	Candidate Name Rep. James W. Gerlach					_	ory/							
	Office Sought: X House Senate Preside State: PA District: 06	nt	oursement For: Primary Other (spe	2008 X General ecify) ▼				Contr	ributio	n				
	Full Name (Last, First, Middle Steve Rothman For New Control of the Control of th	nitial)								n ID: 1		287		
	Mailing Address P.O. Bo							M 1 1	M /	^D 29		ž	0 ŏ 7	Υ
	City Hackensack		State NJ	Zip Code 07602				Amou	unt of E	ach Di	sburse	ement	this P	'eric
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	Candidate Name Rep. Steven R. Rothman					ateg Typ	ory/ e							
	Office Sought: X House Senate Preside State: NJ District: 09	nt	oursement For: X Primary Other (spe	2008 General ecify) V				Contr	ributio	n				
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	Mailing Address 555 Nev	/ Jersey Ave	nue, NW, Suit	e 2				1 1	M /	^D 29	/	ž	0 ŏ 7	Y
	City Washington		State DC	Zip Code 20001				Amou	unt of E	ach Di	sburse	-		
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Hospital Association PAC												
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	Full Name (Last, First, Middle Initial) RED PAC Mailing Address 437-B New Jersey Ave.	SE				Trans Date		sburs				ŏ,7	Y
	City	State Zip Code				Amou	ınt of	f Each	n Disk	oursen	nent ti	nis Pe	eriod
	Washington	DC 20003					-		•		100	0.00)
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	Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify)		урс	•	2007	Cor	ntribu	tion				
	Full Name (Last, First, Middle Initial) Gillibrand For Congress					Trans Date		-			00		
	Mailing Address P.O. Box 1279					1 1	М	D 2	2 9 ^D	/ Y	ž 0	ŏ7	Υ
	City Hudson	State Zip Code NY 12534				Amou	ınt of	f Each	n Disk	oursen			-
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	Full Name (Last, First, Middle Initial) Perlmutter For Congress					Trans Date	of Di	sburs					
	Mailing Address 3440 Youngfield St #26	4				1 1	М	D 2	2 9	/ L	ž 0	ŏ7	Y
	City Wheat Ridge	State Zip Code CO 80033				Amou	ınt of	f Each	n Disk	oursen	nent t	nis Pe	erioc
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	Candidate Name Mr. Edwin Perlmutter			tego Type									
		ement For: 2008 Primary General Other (specify)				Contr	ibut	ion					
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(cneck only one)					
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	.)						
Full Name (Last, First, Middle Initial) Berkley For Congress			Transaction ID: 14824347 Date of Disbursement				
Mailing Address 3069 Conquista Court			111				
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period				
Purpose of Disbursement Void of 10/07 Check		011	-2000.00				
Candidate Name Rep. Shelley Berkley		Category/ Type					
	ement For: 2008 Primary General Other (specify)		Void of 10/07 Check				
State: NV District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 14824349				
Berkley For Congress			Date of Disbursement				
Mailing Address 3069 Conquista Court			1 1 M				
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period				
Purpose of Disbursement Void of 10/07 Check		011	-500.00				
Candidate Name Rep. Shelley Berkley		Category/ Type					
Office Sought: X House Senate President State: NV District: 01	ement For: 2008 Primary X General Other (specify)		Void of 10/07 Check				
Full Name (Last, First, Middle Initial) Arcuri For Congress			Transaction ID: 14823713 Date of Disbursement				
Mailing Address P.O. Box 8508			111				
City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Period				
Purpose of Disbursement Void of 6/07 check		011	-2500.00				
Candidate Name Mr. Michael Arcuri		Category/ Type					
	ement For: 2008 Primary General Other (specify)		Void of 6/07 check				
State: NY District: 24	- ·						
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			70000.00				

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NAME OF COMMITTEE (In Full) American Hospital Association PAC															
Full Name (Last, First, Middle Initial)					Trans	sactio	on ID:	148109	29						
Fund for Political Education					Date	of Di	sburse	ment							
Mailing Address 325 Seventh Street, NW Suite 700					1 1	M /	0	8 / Y	ž) ŏ 7	Υ				
City Washington	State DC	Zip Code 20004			Amou	unt of	Each	Disburse							
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Mailing Address 325 Seventh Street, NW Suite 700					1 1		1	3 /	2 () Ď 7					
City Washington	State DC	Zip Code 20004			Amou	unt of	Each I	Disburse							
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